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The opinions expressed by the host and guests in this show are not necessarily the views of

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Children's Health Defense.

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In June of 2000, behind closed doors at a secluded retreat in Georgia,

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top scientists, government officials and pharmaceutical executives met in secret. Their mission to

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discuss alarming new data. Data that showed a strong correlation between mercury in vaccines and

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neurodevelopmental disorders. Officially titled Scientific Review of Vaccine Safety Data Link, this

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would later be dubbed the Simpsonwood Meeting.

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We came back to the scene. All we could find was rubble where the retreat and conference center once

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stood. What happened in this place was never meant for public ears. What happened next would change

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history. But before we can understand Simpsonwood, we have to go back 25 years to the policies, the

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COVID ups and the warning signs that set the stage. Get a shot of protection. The swine flu shot.

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It's in the best interest of all of our citizens. Health Director ordered a stop to all swine flu

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shots.

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And to grasp its full consequences, we must examine what has happened in the 25 years since. It used

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to be one in 10,000 and now it's one in more than 250. It is a perfect exponential curve. Parents

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making decisions about their children's health deserve to have the best information available to

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them. You have studied vaccinated versus unvaccinated. We have not studied vaccinated versus

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unvaccinated. We're not sure what causes autism, but we know that vaccines do not. Vaccines do not

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cause autism. Vaccines do not cause autism. There is no correlation. The dramatic rise in autism

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diagnoses 1 in 31 children, up from 1 in 54 children back in 2016. Scientific progress on this has

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been slow because scientists are frankly scared to ask the question, genes don't cause epidemics.

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You need an environmental toxin. One day everyone will know the truth about vaccines.

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We're joined now by Lynn Redwood. She is a retired family nurse practitioner, former co founder of

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Safe Minds, and a pivotal figure in bringing the vaccine safety issue to Robert F. Kennedy Jr. S

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attention. She served as Executive Director of the World Mercury Project and was president of

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Children's Health Defense until her retirement in 2022. The World Mercury Project rebranded as

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Children's health defense in 2018. As a tireless advocate for children's health, Lynn played a key

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role in uncovering critical information about mercury exposure through vaccines and has been

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instrumental in pushing for safety reforms. Welcome, Lynn. Thank you, Tia. It's a pleasure to be

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here. So let's start off by talking about the FDA Modernization act of 1997. What was the

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significance of this act in terms of vaccine safety and how did it shape your early advocacy

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efforts?

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Good question, tia. The FDA Modernization act was sort of aimed at the entire Food and Drug

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Administration drug approval process. But buried in there was just, I think it was a total of two

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sentences that required the FDA to look at cumulative exposure to mercury from pharmaceutical

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products that contain mercury. And I know myself as a nurse, I was surprised that we had drugs in

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the 1990s, 2000s that still contained mercury. And I think FDA was sort of shocked too. They put out

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a request in the Federal Register asking for all pharmaceutical companies that had any products that

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contained thimercury, thimerosalp specifically, which is an ethylmercury product used as a

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preservative in vaccines and a lot of other biological products. And it took about a year for them

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to start getting the information back from the manufacturers. But when they did get it back and they

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started looking at the exposure levels, they were very concerned because they were really quite

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high. I think the second part of your question, tia, was how did I get involved in that as a nurse

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practitioner? I have a master's in community health nursing, and I served on our county's board of

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health for 18 years. And vaccines were our biggest program. In July of 1999, I received a memo

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saying we were delaying the birth dose of hepatitis B From birth to 6 months of age because of

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concerns about mercury exposure. That was the first I had ever heard about mercury even being in

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vaccines. So I immediately called the Board of health and I asked, what vaccines were we getting

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with mercury. I was somewhat relieved that the only one we were giving that had mercury was the

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hepatitis B. And the recommendation at the time by the public health agencies and AAP was to delay

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that birth dose to six months of age unless the child tested positive for hepatitis B at birth or

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the mother had hepatitis B. And so I was sort of reassured by that. But then I got thinking, I

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wonder what my son had received. And so I got out his vaccine records. And it was interesting

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because there was just one company, SmithKline Beecham, that was really making the thimerosal free

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products. And all the products my son received were from laterly, and they were using the mercury

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based preservative. And when I looked at his exposure levels at 2 months of age, he had received 125

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times his allowable exposure to mercury based on EPA's guidelines and his weight.

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That was a real answer for me because my son at this time was almost five years old and he had

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regressed developmentally after his first year of life and was diagnosed with autism. And my husband

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and I sort of knew all along that this was not a genetically based psychiatric disorder because he

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had been completely fine and he had regressed so dramatically. So that was my. My gateway

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neurotoxicant into this whole movement, as you would say. So how was the information about

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cumulative exposure to mercury and the potential for neurodevelopmental harm announced to the public

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and when?

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Well, it was really announced through that joint statement in the mmwr, which regular people don't

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read. I don't think there was anything covered in the national media about this. And I know that CDC

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was sort of trying to keep it somewhat quiet and off the radar screen because CDC is somewhat of a

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conflicted agency. They're responsible for making sure that they have a high level of vaccine

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uptake, and at the same time, they're responsible for vaccine safety. And any lapse that's

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acknowledged by the CDC regarding vaccine safety is going to result in a reduction in people taking

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the vaccines. It's just a logical consequence. So they were very reluctant for this information to

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really get out to the general public. What were the main points of the joint statement and how did

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it influence vaccine policy moving forward, and what was your response? Well, in the joint

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statement, the American Academy of pediatrics and the U.S. public Health Service were implying that

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this was something, that there was no evidence of harm, that any child had exceeded federal safety

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guidelines for thimerosal exposure, and that they were made the decision to reduce exposures based

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purely on the precautionary principle.

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What really stood out to me was the American Academy of Pediatrics actually had sort of a separate

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document that was for clinicians, and it said, because the exposure levels are small and there's no

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evidence of harm, there's no need for testing. And, you know, that was like I was scratching my head

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thinking, you know, they just now discovered this. How do they know there's no evidence of harm? You

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know, they haven't done any testing, but they're saying, don't test. And boy, the first thing when I

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added up my son's levels was how do I get them tested for this? And unfortunately, a blood test is

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only going to be accurate for mercury about 30 to a max of 50 days after an exposure level. So my

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son's highest exposure levels were actually prenatally and postnatally from vaccines. So now that

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he's like 4 to 5 years old, I wouldn't be able to detect it. But I had A lock of his baby hair from

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his first haircut. You had saved a lock of his hair as a baby. And when you submitted that to a

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test, what did you find? Right. EPA's action level for mercury in the hair is 1 part per million. 5

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parts per million is diagnostic of mercury toxicity. And my son's levels in his baby hair from 20

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months of age had 4.8 parts per million mercury, which is almost five times his allowable exposure.

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That's when I became an advocate and started looking into this more attended conferences, spoke at a

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public comment about my son's mercury levels. And one of the physicians recommended chelation

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therapy. And I thanked her and sat back down. And my husband and I decided immediately that's what

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we're going to start doing. Then all these other parents throughout the weekend would come up to me,

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say, my son also was found to have high levels of exposure to mercury and we didn't know where it

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was coming from. So I realized it was so much bigger than just my son. When I got concerned about

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this, we wrote a paper, Safe Minds, members of Safe Minds, about thimerosal and autism, overlapping

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all of the symptoms of both all the way down to biochemical level. It's called autism and mercury.

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I think it was coincidence and cause and effect, something along those lines. It is published. You

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can find it actually on the CHD website and in PubMed. We took that document around to all of our

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federal agencies and we heard back from CDC saying that they had already looked at this and there

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was no problem whatsoever. So at that point in time we decided that we wanted to see their data and

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see what they looked at. And so we filed FOIA requests. So it was in these FOIA requests that a lot

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of the things I may talk about today is where we discovered what the discussions were behind the

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scenes. So that's how I can talk about these things. Say, well, they did this and this and this

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based on their internal FOIA emails. But there was a researcher there at CDC named Ben Schwartz and

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he said that it would be very concerning for families to realize that their children may have been

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exposed to levels of mercury that were above the safety guidelines. But if they could be reassured

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that they were well within these safety guidelines, they would be more amenable to accepting a

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thimerosal containing vaccine. He came up with this potential solution of averaging the exposures

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over a six month period of time, even though the infants were only being exposed with the birth

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hepatitis B dose, two months, four months and six months. He averaged those four days of exposure

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over 180 days. If you ask any independent toxicologist, they will tell you you can't do that. It's

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like telling someone it's fine to take two Tylenol a day, but if you take 60 Tylenol all at once,

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you'll be dead. You just can't do it. It doesn't work that way. These are toxic bolus dose exposures

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to mercury. So that potential solution is what the CDC went with to be able to reassure parents that

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their children were not being exposed to levels of mercury that could cause neurological harm. 1999,

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they actually finally calculated mercury levels. Can you explain the process and findings of the

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mercury modeling conducted in 1999? What impact did it have on overall vaccine safety?

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That was a big one. Public health agencies had a meeting up at NIH at the Lister Hill building. It

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was called Lister Hill. This was in August of 1999. I was able to FOIA the minutes to that meeting.

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In the minutes, they were discussing these mercury modeling charts, but they didn't say a whole lot

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about them. They were looking at them. There were a few comments, but was very brief. I had forged a

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relationship with Neil Halsey because he had written an article in a little throwaway journal,

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Hepatitis B Control Report, where they were talking about thimerosal. And he made the comment that

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you can say there's no evidence of harm, but the truth is we haven't really looked. So I knew he

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would be an ally. So I had reached out to Neil and had asked him different things about the exposure

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levels and modeling. And he was the one that told me the name of the gentleman who made these models

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because Dr. Halsey was at Lister Hill. And it was Barry Rumak. He was a toxicologist out in

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California. I mean, in Colorado. So I reached out to Barry because I was doing my own research at

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the time and was modeling the exposures and what the levels would be and in the hair analysis. And

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that was published in Neurotoxicology. And I told him that I wanted to look at, see if he could

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model the maternal exposures on top of this chart. So I received these graphs with his calculations.

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Those are all on the CHD website. There were numerous different scenarios. And starting with the

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birth dose of hepatitis B, he had these averages for EPA levels and FDA levels and ATSDR levels.

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Because there were several federal agencies that had guidelines, the EPA's levels were the most

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strict. It was 0.1 microgram per kilogram per day was the allowable exposure, according to Dr.

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Rumak's. Models. There was not one day after birth, all the way up to 20 months of age, that a child

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was ever below the EPA action level if they had received all thimerosal containing vaccines like my

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son had. So that was a real eye opener. Those charts were buried. And one email that I came across,

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Leslie Ball, who was an employee at fda, who was looking at this even question, the cdc, asking if a

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toxicologist had ever signed off on their calculations or their recommendations. And there was no

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reply that I received. And the FOIA documents that answered that question from cdc, once the CDC got

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this data back about the exposure to mercury and the high levels of exposure to mercury and

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vaccines, what was their official response through the Advisory Committee on Immunization Practices?

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Yeah, so the CDC and members of a working group, a thimerosal working group that was making

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recommendations to asap, they had a lot of meetings and they looked at all the pros and cons of

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different approaches in terms of what the formal recommendations would be from the Advisory

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Committee for Immunization Practices. And this was going to be. This is what was presented at their

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October 1999 meeting. The options really were to state an immediate preference for all thimerosal

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containing vaccines. And that was really what Neal Halsey and the American Academy of Pediatrics had

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been pushing for. But in the internal documents that sort of laid out all the pros and cons of this

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policy, one of the things that really stood out in terms of a con was that they already had

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stockpiled all these doses of vaccines which they do, which they sell then through the Vaccine for

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Children's programs. So when they looked at what they had in stock that contained thimerosal, they

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found out that they had \$5.9 million in thimerosal containing vaccines that had already been

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purchased. And there was no way that they could refund those purchases. They also looked closely at

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what manufacturers had vaccines that contained thimerosal and which ones didn't. And I mentioned

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this a little bit previously. Smith, Klein Beauchamp was not using thimerosal at all. They were

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using two phenoxyethanol. And I want families to understand this was not in all vaccines. So it was

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just sort of the luck of the draw that my pediatrician was administering all elderly vaccines and

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why my son had such a higher exposure level than most other children did at the time. But SmithKline

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Beecham came forward saying that they could meet the supply of all DTAP vaccines in this country for

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a year

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with their products. But that would also leave the three other vaccine manufacturers out in the

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cold. And so ultimately the recommendation that came out was not to immediately recall the vaccines,

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but have this sort of orderly transition process that ultimately ended up taking several years. They

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also had as a con that they did not want to alienate the vaccine manufacturers by only allowing one

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manufacturer to have products on the schedule because it really wasn't the manufacturer's fault that

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this happened. They were responsible for each individual vaccine. And it was actually the advisory

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committee for immunization practices that made those recommendations as to when they would be

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administered. They're the ones that made the recommendations at 2 months of age that they get all

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these vaccines at once. And at 4 months of age and 6 months of age, they were the ones that had

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never calculated the cumulative exposure. There's actually emails that talk about this vulnerability

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on behalf of ASAP and the FDA that they didn't, and I'm literally saying they didn't do the 9th

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grade algebra to determine these exposures. And that's what these emails say. So they were trying to

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also protect CDC and ASAP along with the vaccine manufacturers. And in my opinion, the vaccine

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program at that point in time took priority over the health of our children. And that should have

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never happened. And I hate to say it, but that those types of policies continue to this day. But

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once the cat was out of the bag about the actual levels of mercury in the vaccines, how did the

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manufacturers respond? You mentioned glaxis, Smith Klein had the ability to provide all of the DTAP

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vaccines needed. How did other manufacturers respond? Or what?

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What did Merck do? Let's get into that. What did Merck do?

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I have to say the manufacturers were very receptive to removing thimerosal. The hepatitis B vaccine

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was one of the easiest ones because the whole purpose of thimerosal is that it's supposed to prevent

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bacterial contamination in multi dose vials, because a multi dose vial contains approximately 10

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doses of vaccine. And so each time the nurse or whoever's administering the vaccine would puncture

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through the rubber stopper into the vial, There was a risk that they could introduce bacteria. So

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that was the whole purpose with the hepatitis B vaccine. They were single dose vials to begin with.

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So there was no reason for them to really have thimerosal in those valves. But we found out later it

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was also acting as an adjuvant in the vaccines as well by increasing the immune response the same

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way that aluminum does, although it is not licensed as an adjuvant. So all they had to do really was

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remove the thymiris. All their manufacturing process could stay relatively the same. So it was easy

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for them to do that. The other manufacturers slowly were phasing out and introducing other versions

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that were thimerosil free or trace amounts used in the manufacturing process. But Merck also decided

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to take full advantage of this because they were part of a big initiative. This was in 2000, I want

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to say February or March of 2000, where Bill Clinton was calling for all of these, you know, these

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public private partnerships and helping to increase vaccine uptake in third world countries. So

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Merck ultimately made a generous donation to WHO, the UNICEF program, which amounted to 100 million.

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It was like a million doses of vaccines over a five year period of time and they estimated the value

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at 100 million. Wonderfully generous and philanthropic. How, how I know, I know TIA

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to do that. And it's things like that that really at times make me ashamed of our country and that

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we do these things. We did it before with Dow Calm Shields that we donated and we realized they

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called it cost infertility. It was an IUD that those of things happen all the time and they're under

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the radar. And I actually just bumped into this press release at the time when they made that

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announcement or, you know, nobody would even know that that particular vaccine contained thimerosal

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and they were actually removing it off the market. Well, let's, let's dig into the Verstratin

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emails, the internal communications that were going on. Who, who exactly was Tom Verstraten and why

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was he working with the CDC on this study that he did on mer? And can we talk about the significance

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of the email that he wrote with the phrase it just won't go away? What did these communications

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reveal about concerns within the cdc? Tom Verstraten was a relative newcomer to the cdc. He was

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considered an EIS officer, sort of like epidemiological surveillance. And he was assigned the task

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of looking through the VSD data. That's the vaccine safety data link records of really hundreds of

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thousands of children, predominantly out on the west coast that are part of these large HMOs. And

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the records actually had their vaccine data in terms of what vaccines that they had received.

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Tom started this investigation. It was about October, November of 1999

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when he did the first run of this data, which we refer to as Generation 0 because there were

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actually four subsequent runs of their data data over time they found incredibly strong associations

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that were statistically significant between exposure to the thimerosal containing vaccines with ADD

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adhd, speech and language delays, neurodevelopmental delays in general, a condition called misery

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disorder that I'd never heard of before, sleep disorders and also autism.

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That was his response that he sent. I guess it was shortly before Christmas or right before the

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Christmas break saying, hey,

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this signal just won't go away and I need some help with the data.

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When you looked at subsequent emails after this that we received their next run of the data, those

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relative risks that the highest one was a one month exposure in infants that received greater than

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25 micrograms, which were two hepatitis B vaccines. And some children had also received hepatitis B

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immune globulins because their mothers were positive for hepatitis B. And the relative risk of

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autism in those children were 11.

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To put that in perspective, a relative risk above 2 in a court of law implies cause and effect. This

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was above smoking four packs a day and lung cancer. It was incredibly high.

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I live in Atlanta. I was able to make contact with CDC and arrange a meeting with Dr. Verstratten.

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It was interesting because we talked about the data and we did not have all of the data yet. We did

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not have these FOIA documents. And one of the things that he said to me was that they had changed

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their entrance criteria to make sure that all the children in the study were fully vaccinated

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because they were looking at vaccines. I thought, okay, well, I guess that makes sense. But when we

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got the second, when we got this run of the data and the second run of the data, they had altered

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the entrance criteria that to be in the study, you had to have had, had two polio vaccines as a

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proxy for being fully vaccinated. So what that did was, that was their control group, that was their

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placebo group that had no exposure. And then here's their other group with these high levels

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exposure. Now with the second run of the data, all children had exposure because everybody who got a

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hepatitis B vaccine, both of them contained thimerosal. So it would be. And the analogy would be

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looking at lung cancer and individuals who smoke two packs a day versus four packs a day. There was

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no control group in the study whatsoever. And that's just one of the manipulations they made.

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When I went through this data over several years, I wrote a complaint letter to the Office of

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Research Integrity because it is really against the rules of sound scientific research to alter your

00:27:15 - 00:27:22

entrance criteria. After you see results you don't like, you can do it, but then you have to report

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in the journal that you did it. And they did not do that. And they did multiple things like that.

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They collapsed the exposure levels. They took out specific clinics that had very high outcomes

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because they considered them an outlier. They over stratified the data. Something like 30 to 40% of

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children in the study weren't even old enough to have received a diagnosis of autism or ADD adhd.

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Those children should have been taken out and they just should have looked at children that were

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over 44 months of age. They didn't do any of that. So I have to say, especially after reading the

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Simpsonwood transcripts, it was obvious that they were manipulating the data to make these signals

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go away. Let's get into Simpsonwood. What happened at Simpsonwood? Why is that meeting considered

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such a pivotal moment in the vaccine safety debate?

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Because for me, it exposed their playbook. And they have continued to use that same playbook over

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and over and over again, most recently with COVID 19 vaccines. It's interesting, when I went and I

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picked up these boxes of documents at cdc, I, I was going out of town at the time. And so when I got

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to actually my mother's for her birthday that night when she went to bed, I pulled out this box and

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I was looking through all the emails and I came across this really thick document was transcribed

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minutes to the meeting. I thought this will put me to sleep. So I started reading it about 10 o'

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clock at night, and at 4 o' clock in the morning, I was pacing because of the information in there.

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Up until that point, it was a hypothesis that I had that this is what had harmed my son. But when I

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read those transcribed minutes and heard what these other physicians and scientists were saying

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about these are statistically significant, they're linear, they're, you know, it's biologically

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plausible and it's very concerning. And we're at a position now where we have to handle this

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information. I knew I was right and I knew what they had done to a generation of children. So for

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me, that was landmark. And at that point in time, they were not exposing this. They walked out of

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that meeting. They did not state a preference for thimerosal free vaccines at the ASAP meeting. I

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mean, even after that, when they could have come clean with the American public and they never did,

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they just doubled down. So in the aftermath of this, we come to the Homeland Security Bill Rider and

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its implications for Eli Lilly and vaccine safety, transparency. Can you talk a little bit about

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that? Yes, I can.

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Obviously I was very angry after reading these transcribed minutes. And I had sent letters

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previously to all these federal agencies asking them to do Something we had petitioned the FDA to

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recall all thimerosal containing vaccines and they wouldn't do it. They were afraid that they would

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be sued by the vaccine manufacturers. And in one of the letters I had said, I hope that this issue

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of removing these exposures will be something that our federal agencies and the pediatricians tackle

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versus the lawyers.

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They let us down. They let down the entire American public. So safe minds, myself and the members,

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we reached out to several attorney firms to find out if they would represent us. And there was one

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firm, Andy Waters, who said that he would. He put together a consortium of, I don't know, probably

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20 law firms throughout the country who took on these thimerosal cases. And one of the things that

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we found is that Eli Lilly was the company that made thimerosal. They held the patent on it, but

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they were not a vaccine manufacturer and thimerosal was not a necessary ingredient in the vaccines.

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So. So Eli Lilly really wasn't protected under the National Childhood Vaccine Injury act from

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any liability. So we filed lawsuits directly against Eli Lilly and they were throughout the country.

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We had a lawsuit here in Atlanta with about, I don't know, 15 or 20 other families, myself included,

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against Eli Lilly. Bill Frist, who was a senator from Tennessee, who was also a physician, had

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introduced a bill that, that would have provided protections to any company that made an ingredient

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that was used in vaccines. It was like the Vaccine Safety and Affordability act. And it was buried

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in that legislation. It was like just, you know, two sentences. And we found out about it and we

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were able to kill that bill in the Senate Health Committee. It only had like five sponsors and it

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never went to the floor, it never moved forward for a vote. So I was really surprised when at 10 o'

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clock at night I got a call from a lawyer in informing me that the, the language that had been in

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that particular piece of legislation had been inserted at 10 o' clock at night into the Homeland

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Security bill and completely separate typeset. And it said, you know, any, any company that makes an

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ingredient used in the vaccines is now covered under the Vaccine Injury Compensation Act. The House

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had already voted on the bill. They had already passed it that day and it was scheduled to be voted

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on in the Senate like the following day. So we did everything we could to keep that from moving

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forward. It was interesting, Tia. At that time, thimerosal was a bipartisan issue because it

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involved the health of our children. And we had Democrats, we had Leahy, we had Debbie Stabenow, we

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had Republicans we had Dan Burton, who was chairman of the Government Reform Committee, who held

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these great hearings on the use of Marisol and infant vaccines. You know, I didn't know much about

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autism, except it was a disease of some kind that affected a lot of kids and some adults until it

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happened to my grandson

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one day. He was normal, starting to talk, walking, great kid. And he got nine shots in one day. Nine

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shots in one day? Day. Many of the shots he received had mercury in them. Most people don't know

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that when their kids are vaccinated, many of the shots they get have thimerosal in them. It's

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mercury. And mercury is a toxic substance that hurts people, especially children. And it builds up

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in your system as you get more and more of it. Anyhow, within just a couple of days after getting

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nine shots in one day, the MMR shot, which has been referred to by Mr. Dole, oil, and many shots,

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including mercury, he started flapping his arms, running around, banging his head against the wall.

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He had obstructions in his bowel, had chronic diarrhea, walked around on his toes, and he hasn't

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been normal since. Really was a bipartisan issue. So even though they voted to approve the Homeland

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Security bill, it was the very last bill that they had before they went on Christmas break.

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They agreed to take that writer out during Appropriations, but still the damage was done. We put out

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a press release about that, and the next morning, I was on Good Morning America with Diane Sawyer

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this morning. A clause that went under the radar in the Homeland Security bill. And it raises the

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question, did the White House or someone else do a favor for a big pharmaceutical company? Well,

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suffice it to say, as of today, this morning, no one even knows who wrote that clause. And in fact,

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no one has any idea how it got there. But later, you're going to meet one mother who says it has to

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be overturned. Washington is in the throes of the game. Guess who. Who secretly inserted language

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into the Homeland Security bill protecting Eli Lilly from costly lawsuits. Lawsuits brought by

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parents claiming a vaccine preservative developed by Lilly caused autism in their children.

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Republican Congressman Dan Burton said he knows. I talked to the Majority Leader, Dick Armey, about

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that. He said that the White House asked him to put that provision in, but Dick Armey now says it

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was not the White House and that it wasn't him either. Tom delay says he doesn't know who did it.

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Bill Frist, who proposed the idea earlier in the Senate, says he had nothing to do with the 11th

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hour maneuver. Eli Lilly and Budget Director Mitch Daniels, who once worked for Lilly, all say the

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same. So who the chances are that some of those people who are feigning ignorance are feigning it.

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They aren't really ignorant of what went on. But as we said, there's someone who is outraged and

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says it must be overturned, this clause that has no parents. This morning she is part of the ongoing

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and, as we know, unresolved debate about the causes of autism. She is Lynn Redwood and says she at

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least wants the option to argue her son's case in court. And she joins us this morning. Ms. Redmond,

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when you heard about this clause in the Homeland Security bill, what was your reaction? I guess my

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first initial reaction, Diane, was that of shock. As you mentioned previously, there had been some

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legislation earlier in the summer introduced by Bill Frist that was very similar to what was added

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into the Homeland Security bill. And that legislation died in committee. It only had five sponsors.

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So to have this suddenly appear in the home security bill when it was not a homeland security issue

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was very disturbing to us and suspect, I think a lot of people feel. I want to try to establish a

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little bit, if I can, what your case would be if you went to court. You're talking not about the

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vaccine itself, but a preservative added to it called thimerosal, a mercury compound. And I want to

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let parents out there everywhere know that most childhood vaccines no longer have thimeros. But your

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son is now 8 years old and he's autistic. And I know you said that the vaccines he got as a child,

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three vaccines in one day, gave him how much the allowable safe dose of mercury he received, 125

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times his allowable exposure in that one day from three infant vaccines that contained thimerosal. I

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was just awestruck when I looked at the literature which describes mercury toxicity and found those

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symptoms identical to my son. He was completely normal the first year of life, walking, talking,

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meeting all of his developmental landmarks, when suddenly he began to regress. He had multiple

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infections. He lost his ability to speak and communicate with us. And he was ultimately diagnosed

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with pervasive developmental disorder, not otherwise specified, which falls under an umbrella of

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autism spectrum disorders. And it did ultimately lead to us all being filtered through the vaccine

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injury compensation program, even though a majority of us weren't even allowed in that program

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because we had already were outside three year statute of limitation before we even knew our

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children were harmed. My son was already almost 5, so we couldn't even get in the program. So I

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would have had to have been psychic, to know that there was mercury in vaccines and that that's what

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had caused us his autism. Just want to circle back a little bit and hone in on what happened at

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Simpsonwood. So let's talk about the contrast. Who was there, first of all, who was invited to this

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meeting? What was the tone and the conversation on day one versus the tone and conversation on day

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two?

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So when you look in, the entire minutes to that meeting are available on the CHD website. So I

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encourage people to, if you really want to stay awake all night, go and read those minutes, because

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it'll definitely do.

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Was predominantly officials from our federal agencies like cdc, nih.

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They also invited representatives from all the vaccine manufacturers. They had pulled in a group.

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This working group of ACEP had a group of a handful of quote, unquote experts there that were

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supposed to be listening to all these deliberations and making a decision as to what the

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recommendation should be for ASAP at their upcoming meeting in November.

And, you know, the first

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day they were presenting the science, Tom Verstraten presented his findings. And then they

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immediately followed with another gentleman, Rhodes, who took all of Tom's findings and watered them

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down and he explained how he did it. So this was their playbook. It's like, gosh, look, if we take

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and collapse these exposure levels, instead of them being at 12.5 micrograms, which had all the way

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up to 187.5 or 237.5 at these 12.5 microgram exposures, so you can really compare these very high

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levels to low levels of exposure. They collapsed them into three categories, low, medium, and high.

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And then there was just a day between those categories in terms of, oh, one day you're a low

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exposure and the next day you're a medium exposure. So it was really very arbitrary that they did

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that. And it, it served a purpose of watering down those results. The same way with removing the

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children that had not received any vaccines. They had no control group. They also removed, like I

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mentioned before, certain clinics that had high exposure levels because they thought there was

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something unusual about those clinics. They also made a decision to do chart audits. So they were

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going to pull the children that were diagnosed with add, adhd, autism, and speech and language

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delays. And if those children had not gone out to

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an expert in those areas, if they had not been referred out from the pediatrician's office to see,

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like a speech language pathologist or a neurodevelopmental pediatrician, that would get the

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diagnosis of autism, Then it didn't count. So it was really amazing all the things they did to make

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that signal go away throughout the weekend. It was funny when Dr. Rhodes did his presentation, the

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representatives, the pharmaceutical industries were going, that was great. Can we get a copy of

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that? But that same energy, enthusiasm wasn't there when Dr. Verstraten was giving his presentation.

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Dr. Verstraten himself was really concerned about the nonchalance of a lot of the discussion. And he

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sent an email to Philippe Grangein after that meeting, who was one of the world renowned mercury

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researchers who had done all the initial work for the EPA and determining their exposure level,

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novel guidelines in the Seychelles and Faroe Islands. And he said, you know, I'm sorry to drag you

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into this discussion. And out of fear, I, I'm not, you know, don't want to be perceived as being on

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the side of these, being these parents, but I think we should use sound scientific arguments versus

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our desire to disprove an unpopular theory. It was obvious there was one pediatrician there, Bill

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Will, who was an older pediatrician, and he was, was well aware of what had been happening to our

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children and especially these children being diagnosed with autism. Autism was relatively rare prior

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to the 1980s. It was like 2 to 4 per 10,000. Then we started seeing this real uptick starting in

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about 1989 and Dr. Weil was witnessing that and said he saw it in his practice and he really felt,

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felt that this was concerning and that they should be doing more. And his voice was just silenced.

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He was not invited back to participate in any more of the meetings. And neither was Neil Halsey. He

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wasn't invited to Simpson Wood either because he had a very strong opinion that they should be

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removing thimerosal from all vaccines immediately.

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All right, well, thank you, Lynne. We really appreciate your input in this discussion. And you've

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been such a valuable, incredible warrior for so many years. I'm so proud to know you and call you a

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friend so much. I'm. Thank you, Tia. And I'm just so thankful to have any opportunity to get this

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information out to families because, you know, I was told that my son's autism, as I mentioned

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before, was a genetically based psychiatric disorder. And I made a decision to get my tubes tied and

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not to have any more children. And a lot of parents made those same decisions and they felt this

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guilt that it was something that was their fault. And I want them to know that that's not the case

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and if they have any concerns about whether or not what their exposure levels of their children

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might have been during the 90s.

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They can send me the names of the vaccines and I'll be glad to send them that information in terms

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of what their children were exposed to. I know my son responded very favorably early on to chelation

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therapy, but it wasn't something that was universally recommended for our children. There are so

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many treatments that we can even do now to help correct some of the medical conditions that are

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associated with the diagnosis of autism as well. There is a lot of hope for recovery in autism. I

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know my son was responding to responded very well to many therapies. So thanks again Lynn. We love

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you.

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To understand Simpsonwood, we have to roll back the clock 25 years before that secret meeting took

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place in 2000. In 1975, autism was rare. About one in 5,000 children.

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Most people had never even heard of it.

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Bernard Rimlin was already sounding the alarm through the Autism Research Institute, but few were

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listening at the time. The childhood vaccine schedule included just eight shots. Diphtheria,

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tetanus, pertussis, polio, measles, mumps and rubella. That was it. Then came 1976. A single death

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from swine felt triggered a rushed national vaccination campaign. But the shot caused more harm than

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the disease

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32 deaths and around 500 cases of paralysis.

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The vaccine was pulled.

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The head of the CDC was forced to resign. It was the last time the CDC would publicly admit a

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vaccine had gone too far. A decade later, facing mounting lawsuits over the dangerous DPT shot,

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pharmaceutical companies lobbied for and won total immunity from liability.

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It changed everything, and it set the stage for the COVID up to come.

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Joined now by Barbara Fisher. She is the co founder and president of the National Vaccine

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Information center center, the oldest and most influential vaccine safety and informed consent

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advocacy organization in the United States. She co authored the groundbreaking 1985 book DPT A Shot

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in the Dark, which helped bring national attention to the risks associated with the diphtheria

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tetanus pertussis vaccine. She is also the author of several influential work works including the

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Consumer's Guide to childhood vaccines in 1997, vaccines, autism and chronic inflammation, the new

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epidemic 2008 and guide to Reforming Vaccine Policy and Law, all of which have shaped the modern

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conversation around vaccine safety and medical choice. Barbara has served as a consumer voice on key

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government vaccine policy committees for over two decades. Decades, including the National Vaccine

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Advisory Committee, the Institute of Medicine Vaccine Safety Forum, the FDA Vaccines and Related

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Biological Products Advisory Committee, and the DHHS Vaccine Policy Analysis Collaborative. Her work

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has been instrumental in bringing the voices of Vaccine injured families into the national spotlight

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and shaping the legal and ethical framework work for vaccine policy in the U.S. barbara, thank you

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for joining us. Welcome. Thank you so much for inviting me. Barbara, you were one of the first

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voices to raise national awareness about the DTP vaccine injuries in the early 1980s. Can you take

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us back to that time? What drove you to speak out and what was the climate like for parents trying

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to find answers back then? Well, you know I was among the women who graduated from college in

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greater numbers than ever before in the the 1960s and I thought I was pretty well educated about

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science and medicine because I came from a medical family. My mother was a nurse, my grandmother

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nursed doctors in my family and we, I grew up talking about science and medicine. But I, when, when

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I had my firstborn Chris In 1978, I knew nothing about vaccines. I never thought about it. Most

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parents didn't. I mean we didn't have any information at all either from the media or from doctors

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about the fact that vaccines carried risks. So when I took my bright precocious two and a half year

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old son in for his fourth DPT shot in the fall of 1980, I asked my doctor no questions. I just

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assumed that vaccines were 100% safe. Safe. And within four hours of that shot I watched my little

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boy basically I now realize, have a convulsion, a collapse shock, also known as post pertussis

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vaccine hypotonic hyper responsive episode. He lapsed into unconsciousness. I thought he was just

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taking a long nap, but he basically didn't move in his bed for hours. A total actually of 18 hours

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with the exception of waking him up briefly. To make a long story short, in the days and weeks after

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that shot, he regressed physically, mentally and emotionally and became a totally different child.

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And he no longer could do the things he could do before that shot. Cognitively he was sick

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constantly with ear infections and respiratory infections and gastrointestinal infections and nobody

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could tell me what happened to him. Finally, in the spring of 1982, April of 82, I saw the TV

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documentary DPT Vaccine Roulette and I looked at those kids who were severe and profoundly retarded,

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really very severely damaged. And I said if a vaccine can do that, it could also do what happened to

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my son, which was he was eventually diagnosed with minimal brain dysfunction, multiple learning

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disabilities and attention deficit so severe he had to be placed in a self contained special ed

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classroom for his entire public school education. So he was learning disabled and ADD and couldn't

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be mainstreamed. But he wasn't severe and profoundly retarded. And it was that seeing that, that

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documentary and going and asking for the medical literature because I had been a writer, I was an

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English major in college, I'd been a medical writer and I could read the medical literature. And I

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joined with other parents who called the station and we co founded the organization today as the

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National Vaccine Information Center. And our mission then and today is to prevent vaccine injuries

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and deaths through public education and to defend the ethical principle of informed consent to

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medical risk taking, which includes vaccine risk taking. So I went on to co author the 1985 book, as

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you mentioned, DPT, A Shot in the Dark, which was a shot across the bow of public health health. No

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one had ever written a documented book critiquing the mandatory vaccination system. And really my

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motivation from the very beginning was that I believed that no one should ever be forced

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to take a pharmaceutical product like a vaccine that carries a risk of injury or death without

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voluntary informed consent. And that has been been a goal and a mission that we have, we have kept

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all these years.

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When we spoke earlier, you mentioned the 1978, 1979 SIDS deaths and how they covered that up, how

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that reminded you of the playbook that they used with Simpsonwood. Can you touch on that a little

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bit? Yeah. You know, when I looked at what happened at Simpsonwood, I thought to myself, it reminded

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me of what we call the Tennessee SIDS DPT death event.

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There were 11 babies who were found to have died within eight days of a DPT vaccine that Wyeth, at

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the time Wyeth was a producer of DPT and nine of the 11 babies were vaccinated from the same Wyeth

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lot.

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A statistical analysis found that the likelihood of four or more deaths occurring randomly on any of

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the first eight days after DPT vaccine from the same lot purely by chance, were between 3 and 102

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and 5 in 1000. So the statistical evidence was very strong for a causal connection between the DPT

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shot and the deaths. But what did the FDA and CDC do? They called a meeting. They convened a meeting

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in 1979, in March of 79, with state public health officials and federal health officials. And

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everyone

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was not really focusing on these babies who had died. They were focusing on the fact that it would

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be bad publicity for the program, for the immunization program. And they, you know, they didn't want

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the hot lot, the Wyeth hot lot withdrawn from the market because that would cause bad publicity.

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Eventually Wyeth did voluntarily Withdraw that hot lot. But they said there was no causal connection

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between the infant deaths and their allotted vaccine. And what they decided to do is never again

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distribute one lot of vaccine to a specific state, states or county or city. So no one would ever be

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able to

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be able to identify that there were a number of deaths associated with this particular lot of

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vaccine. And that to my knowledge is still true today, that lots of vaccines are distributed widely

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but not concentrated in one area. Eventually, I think four months later, in June of 1979, the CDC

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said it was all a coincidence. There was no cause and effect. But it did remind me of the COVID up

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at Simpsonwood. The passage of the National Childhood Vaccine Injury act was a major turning point.

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What role did you and NVIC play in shaping that legislation and how has its original intention,

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intent changed over time?

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Well, after DPT Vaccine Roulette aired in April of 1982, the vaccine manufacturers were very upset

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and so were the doctors. And they went to Congress and they said, you better give us total liability

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protection or we're going to. The company said, we're going to leave this country with no childhood

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vaccines. We do not want these lawsuits against us, these vaccine injury lawsuits. The doctors

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wanted medical malpractice liability protection for negligently. When they negligently gave a child

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a DPT shot against contraindications, they wanted that protection. The Congress came to us since we

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had formed, we were really the only major group that had formed and said, you can come to the table

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and fight for what you think the children and parents should be get or you cannot come to the table.

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It's your choice. But we are going to pass legislation to protect the vaccine supply in this

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country.

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So we came to the table and we fought as hard as we could back then in the late 20th century with no

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cell phones, no personal computers and no Internet. We fought against medical trade, the

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pharmaceutical industry and government to try to have this law that they were going to pass,

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protect the right of parents to sue negligent doctors and to sue companies for product design defect

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failure to make a safer vaccine.

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We did that. Well, there's a lot of myth about what that law was in 1986 when it was signed by

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President Reagan. We protected the right of parents to sue doctors. We protected the right of

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parents to sue companies for a design defect. Failure to warn was the compromise that is suing for

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failure to warn was assigned to the cdc. This we, our, our group got the safety provisions in that

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law, the informing, reporting, recording and research safety provisions and One of that those

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provisions decisions was that parents would have to be given information published by the CDC that

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would contain benefit and risk information about the, about the vaccine and how to recognize the

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vaccine reaction. That would be the warning that parents would get. We also got the right to be able

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to participate in creating those information statements. I actually worked on the original

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information packets, we called them for the, for the parents that were eventually gutted by the cdc

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and boiled down to one page after the law was passed. What happened after the law was passed? Well,

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it contained a compensation program as well. I should say that first, a federal vaccine engine

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compensation program. Why parents were not winning the lawsuits at the time, they were. Very few

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parents were winning lawsuits. They were settling on the courthouse step for very low sums of money

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because they didn't have the money to fight the deep pockets that the companies had and that the

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doctors and their insurance companies had. There were only a few real multimillion dollar lawsuits

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that were won in jury trials. So the parents wanted a federal compensation program alternative, not

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instead of a lawsuit, an alternative to a lawsuit. And we worked on a vaccine injury table that

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would allow an administrative compensation program a presumption of causation in the absence

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of a more biologically plausible explanation. What happened after the law was passed? Within one

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year, in the dead of night in December of 1987, the Medical Trade organizations convinced somebody

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in Congress, we didn't know about it,

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to write an amendment to the law to let the doctors off the hook, book no more medical malpractice

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lawsuits against doctors for vaccine injuries. That was the first thing they did. And then over the

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next decade, they weakened the compensation provisions.

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They eventually totally destroyed the vaccine injury table by rewriting the definition of

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encephalopathy by taking off residual seizure disorders, disorders taking off collapse, shock like

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what my son suffered, so that almost nothing qualified as administrative compensation. You had to go

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to the US Court of Claims and fight it like you were in a court case. That wasn't the way that

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compensation program was supposed to function. They weakened. And in some the weakened severely the

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safety provisions. So what happened was they gutted it after it was passed. We were betrayed. We

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thought, we thought we could trust them and instead they betrayed US. And by 2011, the US Supreme

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Court in *Brucewitz vs Wyeth*, which was a DPT vaccine injury case,

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the judge, the majority of the judges, it was a split decision. In *Brucewitz vs. Wyeth*, the majority

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cited with the vaccine industry, with the government, with all the medical trade organizations, all

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the pharmaceutical companies that all lined up and said,

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we got to get rid of these lawsuits. We can't have any design defect lawsuits. And justice is *Sota*

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Meir and Ruth Bader Ginsburg wrote a brilliant dissent and said Congress never intends to give the

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companies complete liability protection. And the history, the legislative history shows that's true

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because in 1987 in hearings in Congress, the companies begged Congress to give them design defect

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product liability protection and Congress refused. So the legislative history is clear, but the

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Supreme Court ignored it and they gave them complete liability protection. And after 2011, that's

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when the assault on vaccine exemptions in the states began in earnest

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because they knew the compensation program wasn't compensating the kids. They, they felt every

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compensation award was an admission that vaccines can do that.

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And now there was nothing in the courts. So the situation today is that nobody who makes and sells a

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vaccine, who licenses it, who makes a universal use policy recommendation for it in no politician

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who mandates it is liable for what happens to somebody who gets injured by a government recommended

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and mandated vaccine.

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It was, it's a shame. And yet that law is the only law on the books in the United States that

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acknowledges that vaccines can injure and kill. That is a very important admission. What NVIC's

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position is we should go back to the original law and implement it the way it was supposed to be

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implemented before it was gutted. Because you would have compensation, you would have pressure on

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the companies to make vaccines safer, you would have a liability for doctors

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and you would have a proper vaccine information statement given to parents.

And if they put

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requirements to report to the vaccine adverse event reporting system that was created under that

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law, you would have proper monitoring of what goes on in this country after vaccination. So. So

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people who are calling for an end to the law need to go back and look at the history. They need to

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understand what happened. If it had been implemented properly, we wouldn't be in the situation we

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are in today. And we could sue Pfizer and Moderna for design defect of that MRNA vaccine, but we

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can't. Now, just as a little aside to this question, looking at the original act, one of the

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requirements of the act was that CDC HHS were to

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conduct studies to make sure that vaccines were safe. Part of why we had The Simpson Wood vs

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Stratton study and the MMR study is because they were fulfilling that part of the act requirements

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that

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ensure public uptake of vaccines. They've nailed that one. They got that one really good. The third

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provision, which I don't hear Enough people talk about, and I'd love to hear your input on is they

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were supposed to go back to Congress every two years with a report. And we know through ICANN's work

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that they have never

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submitted a single report. So can you touch on that just, just momentarily? Really what happened

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there is Congress.

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Is Congress failing their, their follow up requirements, their duty to follow up with cdc, hhs?

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Well, no question Congress passed that law and walked away in terms of oversight except for to

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weaken it. So definitely Congress has not, has failed, killed the people with regard to this law.

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But you have to remember that in the law there was a requirement for HHS to conduct vaccine safety

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studies. What they did was they contracted to the Institute of Medicine. And as you mentioned

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earlier, I was on the Vaccine safety forum for four years between 1985 and 1998 at the institute of

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Medicine. We held vaccine safety workshop workshops, public workshops, and produced reports.

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There were a series of reports that were published by the Institute of Medicine on vaccine safety

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issues between 1991 and 2012. The last one in 2012 acknowledged that the early childhood vaccine

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schedule between 0 and 6 years old had not been adequately studied for safety safety. They found

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fewer than 40 studies that had ever looked at the early childhood schedule. And they found a whole

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they were able to list, including autism, a whole list of adverse permanent health problems

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associated with vaccination that they couldn't answer the question as to whether or not vaccines

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caused those conditions. They did publish studies that they presented to the public and to the

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Congress. Now, whether or not they felt that that was their duty

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to do those that fulfilled the requirement. The problem is what those studies really were was an

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investigation of the existing evidence in the medical literature and other evidence. What was

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intended in the law was that they were supposed to do basic science research, like biological

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mechanism research, get down to the cellular molecular level, as well as epidemiological research to

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find out, to investigate, rather than just doing a review of existing evidence, a lot of it produced

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by the government

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or by researchers that had been funded by industry and government. So really the research provision

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has never truly been,

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has never really truly been implemented in that law along with many other things through the

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National Vaccine Information Center. You have been a relentless advocate for informed consent and

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vaccine safety reform for over four decades. Looking at where we are today, with growing censorship

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and the erosion of medical freedom, how do you see your mission evolving now? What's future look

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like for NBIC? I remember giving speeches in the 1980s and 1990s warning that the day would come

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when we would not be able to function in society if we had not gotten every government recommended

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vaccine. When I first started this work, it was 23 doses of seven vaccines that children were

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required to get at the state level between the ages of 2 months and 6 years old. Today it's over 72

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doses of 17 vaccines beginning on the day of birth through age 18 vaccine. It's an incredible

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expansion of the vaccine schedule. But through the whole way through, as I said before, we were

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supportive of voluntary vaccination, the right to exercise the human right to exercise informed

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consent to medical risk taking. So we have concentrated a lot at the state level because vaccine

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laws are state laws. The federal government makes recommendations and the state states make the

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mandates. And we have fought to protect the religious and medical and conscience belief exemptions

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in states. We've tried to add exemptions in states. But the assault on the right to make an informed

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and voluntary decision about vaccination very much played out during the pandemic.

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The pandemic response that included lockdowns and included, included what the federal government for

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the first time mandating that the population get a mRNA biologically labeled a vaccine, which is not

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really a vaccine, but that's what they call it.

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This sort of draconian implementation of policy

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really sensitized America to the fact that there was a threat to our freedom. It included censorship

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of freedom of speech. NVIC

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was thrown off of all four major social media platforms in 2021. We were one of the first to be my,

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my voice in MVIC was one of the first in March of 2021 to be censored on the Internet. We are still

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lifetime banned from three of the four major social media platforms. Lifetime ban on Facebook,

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Instagram, YouTube. All my commentaries, 15 years of commentaries gone. Elon Musk led us back on in

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February of 2023. So we're on that. PayPal defunded MVIC at the request of Democrats at House of

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representatives members in 2021. In December 2021, when the CEO of PayPal was told to stop

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processing all donations to NVIC through PayPal, which is still true. So even though there has been

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a, quote, discussion about censorship, a much wider discussion about censorship and about vaccine

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risks and failures years in the last, you know, particularly in the last few months. But leading up

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to it, during the election and leading up to the new administration, it is. Censorship is still

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alive and well. It certainly is in terms of NBIC being able to get our information into the public

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square. So I am worried that a lot of change has to take place in order for this society to have a

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full and open discussion about vaccine risks and failures. And it's not just vaccine risks, it's

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also vaccine failures. You can get vaccinated, you can get asymptotically infected and transmit

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whether you're vaccinated or not vaccinated. And that's a discussion that really needs to be held

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because the basis of mandatory vaccination is that if you get vaccinated, you're not going to infect

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anybody else else.

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Look at pertussis, look at measles, look at influenza, look at mumps. I mean, there's a lot to talk

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about. What is MVIC going to do? We're going to stay very active in the States through the MVIC

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advocacy portal where if you sign on, it's free. You get information about what is, the laws that

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are moving in your state that either take away or expand your right to make a voluntary decision

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about vaccination.

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MVIC advocacy.org it's good to be on there to see what's happening in your state so you can make

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your voice heard. You can do it through the portal. Get in touch with your senators, state senators

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and your reps. We are going to stay with our mission to prevent vaccine injuries and deaths for

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public education and to defend the informed consent ethic.

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And I think that there's a place for that. It's about educating young parents about how to make an

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informed Bacci decision. And that's what we're going to do.

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Amazing. Barbara, thank you so much for your incredibly important contribution to the voice for

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health freedom in this country and around the world. You were one of the early pioneers coming out

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and sharing information that was unpopular at the time and and still is today. We send you all the

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best of luck and hopefully people will go and sign up for NVIC on that. Can you give the website

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again? Our flagship website is nvic.org our advocacy website is nvicadvocacy.org so if you go to

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nvic.org, you can see we actually maintain four websites including Medalerts, which is the Vaccine

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Adverse Event Reporting System system made easy to search through Medalerts and the Vaccine Reaction

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Journal newspaper which we publish every week. So if you go to NVIC.org, you can get all of those

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websites. Wonderful, wonderful. Thank you so much, Barbara. Thank you.

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We're joined today by author Wayne Rohde and really appreciate your input into this conversation.

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You're very knowledgeable about the vaccine course. Being an author on the book Vaccine Court. So,

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Wayne, what led you to research and write the book the Vaccine Court? I have twin boys, Austin and

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Nicholas. They're now 27. And Nicholas was vaccine injured at the age of 13 months by the MMR, which

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has kind of reemerged as a lightning rod discussion here recently with measles outbreaks around the

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country. Country and things like this. But he was severely injured. And so we've been dealing with

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that injury and the outcomes of that since then. But that was, you know, he was 1998 is when he

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received the MMR. And. But it wasn't until 2010. I was conversing with a couple of the authors of

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the Unanswered Questions paper, which was. Was written by Mary Holland and Robert Krakow, Lou Conti

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and Lisa Cohen. And we were all. I knew Lou and Robert Krakow from previous discussions and

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conferences.

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And I asked the question to Lou and I said, you know, has anybody ever talked to the parents who

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have gone through this? Because we were time barred, my wife and I, we were time barred from filing

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a claim claim by about nine months. The statute of limitations is three years. And so it was three

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years, nine months that we had. We figured it out that was a vaccine injury. Our attorney said, yes,

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you have a great case for encephaloscopy, a brain injury, but your time barred. So we kind of put

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that to the side and then kind of sat there and every once in a while it would bother me, but it

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wasn't until about 2010, and I was talking with Lou and he said, you know what? You need to start

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talking to the families. So what I did is I started interviewing families, ended up interviewing 285

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families and their journeys with different types of vaccine injury and medical outcomes. Skyhorse

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Publishing of New York approached me and said, would you be willing to write a book about this?

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Because there really wasn't any book in existence other than legal papers written about the

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statutes. I went in, as I started doing a deep dive into the program, what it was like. So I started

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writing it. And In November of 2014, I published the first book, the Vaccine Court. And it opened

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the eyes to a lot of people who did not know or understand

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that you could not sue vaccine manufacturers. There was a specialized court. It wasn't really a

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process where you had a judge and a jury. It was a special master and attorneys representing both

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parties, and that was it.

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The interesting thing was that the journey took me to many different people who we find out now we

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have tens of thousands, if not hundreds of Thousands of people, people walking the same path. We

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just haven't known that there's other people in our neighborhoods, in our cities,

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in our business associations that are dealing with vaccine injury too is very prevalent, more

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prevalent than people know. So we have that. And that's what kind of got me going on the book. And

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then I re did the book, Revised it in 2020, 21 and Robert F. Kennedy Jr. Helped write the forward

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for it for me. But I got into the backstory of the unanswered questions paper which is what Mary

01:18:56 - 01:19:02

Holland and, and Robert Krakow Lucanti and Lisa Cullen did. You know, their investigations. I talk

01:19:02 - 01:19:10

about Gardasil and all the issues there. Went into a deep understanding of SIDS and why we were

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compensating in the beginning years of the program. But it became policy, if you will, to not

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compensate, to deny compensation in the last decade or so. And we also changed the program from

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childhood vaccine injury to now it's mainly 95, 96% of all compensated cases are for adults from flu

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shots. So that's kind of the just of what I've been talking about about. People have to understand

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that this vaccine court is really not a court where you see on TV with a judge and a jury. It's not,

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it's kind of an administrative process hybrid with a legal issue. Can you please explain the vicp,

01:19:57 - 01:20:03

which is the Vaccine Injury Compensation Program? How does that work? What is it? What is the

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Vaccine Injury Compensation Program? Why was it created? And if you don't mind, because a lot of

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people may not know that the COVID shots are falling under a different program altogether and that

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is the cicp. So what is the VICP and how is it related to and how is it different from the cicp,

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the National Vaccine Injury Compensation Program? A lot of people might know that it was passed into

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law in November of 1986 and signed into law by President Ronald Reagan. He was very reluctant to

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sign it because he didn't want the executive branch, if you will, to be involved in legal matters.

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He believed that this should have been part of the judicial branch. The operations commenced on

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October 1st of 1988. It's basically covering seven vaccines. You have your measles, mumps,

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rubella, you have diphtheria, tetanus pertussis and then oral polio. That was the seven. And what,

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what the program meant at the beginning was you file a petition, submit your medical records, you

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have an attorney that's paid for by the trust fund, which is a 75 cent tax on every antigen That's a

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part of a vaccine. MMR is three antigens, so it's \$2.25 that goes into a trust fund and the

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attorneys and any damage awards that petitioners receive are paid out of that. So we are not suing

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the manufacturer. You're actually filing a petition suing the Secretary of hhs.

There is no judge

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and jury on the beginning levels. It's a special master. And then your attorney and the Department

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of Justice has their attorneys that represent the Secretary of hhs. So it's an administrative

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process under the guise of the U.S. federal Court of Claims, which is a red brick building, if you

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will, right next to the White House. It's right off to the corner of the White House. If you ever go

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there and take a tour, you'll see a red brick building. That's the Federal Court of Claims.

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So that process was there and it basically grew where if you submitted a petition and you showed

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medical records that your child was injured or died, you were compensated.

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The problem was is that in the mid-90s,

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policy started to take hold of the program instead of science. And where we took residual seizure

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disorder, which is seizure seizures from the DTAP vaccine, and we removed that as a known, what we

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call a table injury. So now the, the program switched to being, instead of being very fast,

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efficient and generous towards the petitioners, even in close calls, to becoming very adversarial,

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very litigious and very costly to operate, operate. So you have that. But then it's grown into where

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we've now all these vaccine manufacturers are adding more and more vaccines to the schedule. They're

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adding them to the program. So they're up to like 16 or 17 recognized in the program.

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The major changes also happened in 2005 when they approved flu vaccines for children. And then also,

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then came Gardasil and hepatitis A in 2007 and things really started to change. And that's when you

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saw a big shift.

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And children today no longer are compensated at any level compared to adults. But you have that. You

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also have the ability to appeal that decision up to an actually a federal judge, Federal Court of

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Claims. You can file a motion for review and have them review the process

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from there. You can then appeal up to the Federal Circuit Court of Appeals. That's a three judge

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panel and it's one step below the US Supreme Court. Then you, if you still want to continue, you

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could file a, writ a petition to the US Supreme Court and maybe, and it's a very small chance, but

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maybe have your case heard by the Supreme Court court. So you do have a judicial appellate process

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there. Now you mentioned the countermeasures. CICP is known as the countermeasures Injury

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compensation Program. It is really to deal with what we call short term regional emergency

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outbreaks, whether it's radiation or a disease outbreak from hurricanes, wildfires, things like

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this, this. But in 2000 or 2020,

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President Trump and his secretary of HHS at the time basically declared the PREP act to be the, you

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know, the standing law of the country. And with that, Covid vaccines under emergency use

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authorization were placed into the CICP for injury compensation. Now the problem there is, is the

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program is very, it lacks transparency. You really have no idea what's going on. There is no special

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master and there is no attorneys that represent you, nor any medical experts that represent you.

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You're actually submitting a petition with medical records to some administrative process within

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the, housed within the hrsa, which is a division of hhs. And that process there.

The petitioner has

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no idea who's reviewing those records. We don't know the qualifications of those people that are

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looking at it. It's like a black hole. One of the attorneys that are, that's in the nbicp, she is

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often quoted as the CACP is, is the place where you have the right to file and lose. And that's

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exactly what's happening happened. 98% of all the COVID petitions have been dismissed. 98%. And it

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could be, it's, it's getting closer to 99%. Also you only have one year statute of limitations. Most

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people who got the COVID vaccine were not informed of their legal rights

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of other options. Lack of informed, true informed consent set also includes your right to know what

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to deal with in regards to an injury. You had doctors that refused to make the connections. These

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injured persons here, they had no idea that they only had one year from the date of administration

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versus three years from when the first symptoms manifest themselves in the nbicp. So you have that

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also there's no pain and suffering. The damage awards basically are or this. There is a death

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benefit. There's also a lost wage reimbursement, but it's capped at \$50,000. So if you're a

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professional making 250, 300, \$400,000 a year and you have an injury that's taking you out of work

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for two to three years, you're only going to be eligible at best for \$50,000 a year in

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reimbursement,

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where most of what we've seen in compensation awards out of CICP are for unreimbursed medical

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expenses. So imagine yourself being severely injured, you can no longer work, you're suffering from

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multiple different medical disorders and you are then submit a petition with all your medical

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records records and you get a letter back saying, congratulations, you're going to be compensated.

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Here's a check for \$4,126. That's whatever your insurance didn't cover. I mean, this is, you're,

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we're throwing people under the bus here and it's not right. So that's an emphasis that's happening

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now. But that's the major differences. There is no legal process. There's no, no legal appeal

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process either with the countermeasures Injury Compensation Program. Let's talk a little bit about

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the autism omnibus proceedings. Why was that so significant? What were its major flaws? What

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happened with the autism omnibus in the vaccine court? Let's go back to the beginning of how they

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created this thing to begin with and then why? Back in the late 90s, there was thousands, tens of

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thousands of petitions or lawsuits filed in federal courts, state courts all over the country

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regarding what we call samarosal or poisoning or toxic poisoning. And

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our government saw this and said, wait a minute, what's happening here? But it was linked to, to

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autism and from thimerosal poisoning. So the federal court systems kind of started consolidating

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them and then they ruled that the. And sooner or later they ruled that the thimerosal was a part of

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a vaccine that was in special Master Gokowitz decision in Leroy vs HHS said Samarosal is a vaccine

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component component,

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so it has to be adjudicated within the MVICP. So in 2001 and 2002, the court system created this

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omnibus. They said, we're going to start bringing all these cases together

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and we're going to put them under. And they appointed special master George Hastings to be the chief

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over this, this process. The problem there is is that most of these samarosal poisoning lawsuits

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were, that were being consolidated. These, they dismissed them, but they never did refile.

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So what you have with the 54,5700 cases that eventually became part of the omnibus are new cases. So

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my contention has always been, and I wrote it in my first page book, that it's not 56, 5700 cases,

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it's potentially tens of thousands of cases that were, should have been part of this. But through

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the slide of hand using federal government and the court systems, we removed a lot of them, a lot of

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Parents gave up because they've been fighting the court system for years previously, and they just

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didn't want to get on, continue to do this, this. And I don't blame them. But I think it's not just

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5,700 cases. I think it's way more than that. Probably, you know, 50 to 60, maybe up to 100,000

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cases potentially. The omnibus started progressing and they needed to start finding cases. The

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attorneys representing the injured persons formed a committee and they were spearheaded by Thomas

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Powers, an attorney, and they, they were asked to find some test cases. So by the time 2006 came

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around, the courts were saying, let's start moving towards some hearings. And they found some test

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cases. Michelle Cedille's test case came up. She was going to be the first case of MMR and

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thimerosal causing autism. Autism. They also had to find a couple more and they found Hazelhurst,

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Yates, Hazlehurst, his father Rolf, and then the Snyder case and a few others came behind him. What

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people don't understand is, is that Hannah Polling's case was supposed to be part of test of the

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second series of test cases. But Michelle Cedillo's case opened up and they actually had a public

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hearing, hearing in Washington D.C. the burden that placed on the Cedille family that were living in

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Arizona, they actually had to move their entire family to D.C. temporarily so they could be at this

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hearing. And Michelle was wheelchair and things like this. So they had an undue burden placed upon

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them. They had to then go into D.C. see. And the hearings brought out probably some of the worst

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possible corruption in what I call the court system. And the end result is, is that the Cedille case

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and Hazelhurst case were both dismissed. And they had to. The government found ways to kind of move

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around and they manipulated the evidence. I truly believe, believe that the DOJ attorneys lied to

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the special masters and then they lied to federal judges on the appeal process. They should have

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been disbarred and also probably jailed for what they did as unethical activities by an attorney. So

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you have

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these cases and it basically was. It was played out to where

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they are. Their appeals were denied. Therefore, as a test case,

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they represented the entire class, if you will. And all these cases were dismissed eventually over

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the next, by 2012 and 2013, they finally got rid of, of the rest of them. There was a few that hung

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out later. Later. But what's interesting also is, is that Hannah Polling's case was supposed to be

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part of the second series of test cases. And they the government conceded her case and they pulled

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it out of the omnibus and it was supposed to be hush hush. And it was later leaked that Hannah

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Pauling won a consent, a conceded case. And boy, did you see the CDC and everybody else trying to

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walk back autism, you know, vaccine injury, autism, and call it autism like and all these other

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synonyms and all these other wordsmithing to say, oh, it wasn't. We did not, you know, we did not

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award damages for autism. Actually they did. It's very clear when you look at the evidence that they

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did. Our government basically lied to the public, they lied to the court system representing it. And

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so you have the omnibus, but this is just a series of omnibuses that the program is conducted. I

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believe there's like nine or 10 of them. And I've always said we never want to get into an omnibus

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situation because that's always the benefit of the government which is defending vaccine

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manufacturers, the petitioners or injured persons hardly ever benefit from an omnibus proceeding

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when you're dealing with vaccine injury. So to wrap this up, what reforms are needed to make the

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system fairer and more just for vaccine injured families? Or do you think that we should do away

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with the repeal the Vaccine Injury Act? How can the public support, change and hold the system

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accountable?

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What are the next steps? I'm a little bit, I run in a little bit different path regarding. There is

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a big emphasis to repeal the act to get rid of the act. I'm warning people that is probably the

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worst move that can be done. And the reason why is that the program actually works well for adults

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who have been injured

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by flu vaccines and other things, which is the vast majority of vaccine administered in the United

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States. But we should allow or restore the ability to leave the program. Prior to Hannah Brucewicz's

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U.S. supreme Court ruling in 2011, you had the ability to file in the MVICP as required. Then you

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could actually then reject your decision or leave after 240 days and file in state court. Problem is

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there's not that many people that have been successful. You know, Hannah Brucewicz's case is a prime

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example. Example. She had a rock solid case and she lost. It's so difficult to go up against the

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pharmaceutical industry in court today. Yes, in the 70s and the early 80s, yes you could, you had a

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chance. But now it is entirely different. For the pharma industry has a controlling interest in the,

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in the Congress, in our judicial system. System is extremely difficult. What I think the reforms

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that need to be done is have Congress either restore what we call section 23, which is what the

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Hannah Brucewitz decision removed and have people ability to sue in court if they want to. That's

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one thing I think you need to get into some, some of the minutiae of some of the other programs

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increase the death, the death benefit from 250,000 to probably a million million, pain and suffering

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up to a million.

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I also think something, and it's quite interesting is, is that this year we have an anniversary that

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we really don't want to celebrate. That's the Simpsonwood conference. People don't understand. A lot

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of people don't know that the Simpsonwood conference was called because they wanted to review the

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vaccine safety data, link data. I think one of the things that needs to be done is actually open up

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that system to allow independent science to be done. Therefore we would be able to determine what is

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actually happening to people.

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One of the things I've always wished we could do here with within the NVICP you have a lot of people

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who are winning cases, especially adults, but in the early years a lot of children too. We need to

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do medical outcome studies and find out why they were injured.

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One of the questions that keeps me up every night and it's 27 years later, why did my son Nicholas

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get injured and his twin brother Austin did not?

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So you have to think about what, what, what were the factors here? You know, so we have to look at

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these things. I don't know all the science because I leave that up to this a lot of the experts. But

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when you get into this process here, there is some things that we need to really address. I also

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believe that the special masters need to be more consistent because you have eight of them, them and

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there's a couple of them there that will not rule for certain types of injuries. They absolutely

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refuse to rule in favor of the petitioners. They have wide range discretion. So you know, if you

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have someone with what we call cidp, which is chronic inflammatory demyelating polyneuropathy, which

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is a big mouthful, but it's CIDP be it's basically

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chronic gain beret.

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You can get compensation for gain beret across the board. But certain special masters say no, we're

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not compensating for CIDP where other special masters can't.

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The other issue is that I also think that special masters hold a hammer over the attorneys that

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represent the injured person unfairly. And what they do is they warn you if you bring this type of a

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case, you bring a SIDS case in front of me, I'm going to remember this for this case, but also for

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future cases and they will try to. So basically what you've got now is you got attorneys that are

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saying no, I can't bring this type of case. I'm sorry Mr. And Mrs. That your child died from SIDS.

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But I can't bring this type of case because my livelihood will be, is threatened if I do that.

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That's where we are today.

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So I like to see some of those things there.

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You know, statute of limitations. I spell a lot of these out in my first book, like 16 or 17

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reforms. But there's quite a few things here. We don't have time to get into the reforms for the

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CIA, you know, the cicp, but

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that's, that's a whole different animal. And these people are being thrown under a bus. We need to

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get them out of that program. All these COVID vaccine injured people. We have to get them out of

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that programming and give them due justice for their injuries. What, what can your average viewer

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that's at home do? Because you know a lot of people are going to say oh wow, this is a lot of

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information. But, but, but how can we as average members of society demand change

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to get active? And you have to get active with your federally elected officials. I've always said,

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you know, if you get, try to go after your state legislature, well, they're not going to be able to

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change the law because it's a federal law, but they might be able to change, change the perception

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that vaccines are safe and effective in your state. I know that several states are trying to pass

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legislation like Iowa is introduced legislation to try to prevent or vaccine injury and to

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compensate. I know there's a bill in Florida that's trying to say hey, we need to compensate

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those who have been injured while they're awaiting the legal process. Which is true because a lot of

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these petitions especially are going to see with COVID and some of these complex cases. 6, 7, 8

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years, 9 years, 10 years, 12 years. How do you provide, you know, who's providing care for that

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injured person while the process is playing out? That's the tricky thing. So we need to be active.

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You need to let your elected officials know what's going on on and challenge them, you know, civilly

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challenge them. But you know, you hear these marketing terms and that's all they are is marketing

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slogans. Safe and effective. That's just ridiculous. They're not safe and effective. Your public

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health officials are looking at 60 to 70% and they discard the 30% who have been injured, as you

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know, collateral damage, and they just discard them. It's not. There is a lot of problems, but also

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we need to inform others about making the connections. Why chronic illness? As Secretary of HHS,

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Robert F. Kennedy Jr. Is talking about chronic illness. I believe a lot of the root cause of chronic

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illness is vaccine injury. Of course, you have all these other things, food and all these other

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products out there. But I believe the core issue, the driver of chronic illness in the United

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States, children and adults, is vaccine injury of some sort. And a lot of people just don't know

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that their condition is could have been caused by a vaccine reaction. Wayne, thank you so much for

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coming on, sharing your knowledge. Really appreciate your participation in this and, and we look

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forward to what you'll be doing next. Thank you very much for the opportunity to speak to you and to

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CHD audience

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we are joined now by Dr. Andrew Wakefield, a pioneering gastroenterologist and filmmaker whose 1998

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Lancet paper sparked a global conversation about vaccine safety and autism. Dr. Wakefield, looking

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back to your 1998 Lancet paper, you were led to investigate a potential link between the MMR vaccine

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and autism, and you arrived at the conclusion that you had discovered a genuinely new syndrome. When

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you first published your. Your Lancet paper, what was your initial hope or intention in sharing

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those findings? Did you expect it to cause such a worldwide debate? I hoped that it would provoke

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debate and further research. And that was the conclusion of the paper. We need to do more research.

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You know, a syndrome in human beings is a collection of physical signs, symptoms and clinical

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findings that constitute a new disease entity. And that is exactly what we identified largely, in

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fact, almost exclusively, because of the insights of parents who said, this is what's wrong with my

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child. I'm sure that what is going on in their brain is being influenced by what's going on in their

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gut. And that when the gut's bad, the brain's bad, the behavior's bad, and vice versa. When the gut

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is quiescent, then the behavior is so much better. It's more than just my child is out of pain.

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There's some connection here. And so we, what we put together, what we identified was a combination

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of developmental regression into a diagnosis of autism or atypical autism.

Because children with

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autism weren't meant to regress. They weren't meant to lose skills. The traditional teaching was

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that they were like that from birth. All these children clearly weren't. They were absolutely

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normal.

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Then there was the finding of inflammatory bowel disease, a particular Pattern of inflammation in

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the intestine. And in many cases, as you say, it was related temporally to exposure to MMR vaccine.

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So that was the syndrome that we described, and we hoped that it would provoke further research

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worldwide. Now it did, and careful what you wish for, tia because

01:48:07 - 01:48:13

the bowel disease has now been confirmed beyond a shadow of a doubt. It's been shown to be unique in

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terms of its pattern of inflammation, the inflammatory markers, the inflammatory cells that are in

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the intestine. It's not Crohn's disease. It's not ulcerative colitis. It's not food allergy.

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It's something different. And that's very exciting because that makes it treatable.

The other was

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the pursuit of the possible link with the MMR vaccine. And again, that was. That was pursued. And it

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was pursued in sort of two avenues. After a meeting I had with the CDC and others at Cold Spring

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harbor after a congressional hearing, hearing in, I think, 2000, 2001. And that was, you know, the

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CDC said to me, okay, Dr. Wakefield, every child gets MMR and some get autism. So how do you account

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for that? Well, that's just the way nature is, the way medicine is, that many people smoke or used

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to smoke, but only some got lung cancer. Why? What was the difference between those who did and

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didn't get lung cancer? And my interest at that time was pattern of exposure. For example, the age

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of exposure. Was age of exposure to MMR a risk? The younger you got it, the greater the risk of an

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abnormal reaction. Now, why would we put that forward? Well, we know that with natural measles, if

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you get it under one, then the risk of having a bad outcome is much greater than if you get it when

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your immune system is more mature over the age of one. And so I said, we believe it's age of

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exposure. Now, after Covid, everybody knows about age of exposure. We know that old people are at

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greater risk than children who are at no risk. And so it's now very common. You know, people are

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aware about. Of it then they weren't. And so the CDC went away and tested that hypothesis. This is,

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you know, my encouragement. This is what I wanted. I say, beware of what you wish for. Because they

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tested the hypothesis. They found it to be absolutely true. True, Absolutely right. And they decided

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to cover that up, bury the data, change the data, publish a paper which said completely opposite,

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exonerating MMR vaccine, and lie to the American public, physicians, scientists, the government for

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14 years, until William Thompson came forward and said, I can no longer live with this. Here is the

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real data. Here are the results. We found a little link and,

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you know, the common teaching certainly in the mainstream media is now that there's no link with

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mmr. Well, there absolutely is. And it's deception on the part of the cdc. So I encourage that

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research. And of course, it was twisted. It was distorted in a way that really led to millions of

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American children being exposed to the risk of. Risk of permanent serious neurological injury. It

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was an absolute disgrace. But hopefully now that we have someone new at the head of HHS, Bobby

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Kennedy Jr. Then this is going to be looked at properly and honestly. And if it exonerates vaccines,

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well, that's one thing. And if it doesn't, then we have a major problem. Let's talk about the

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presentation before Congress. So you presented research to a US Congressional committee showing that

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there were traces of the measles virus in the guts of 24 out of 25 autistic children. Can you talk

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about that a little bit? What impact did that presentation have? How was your work received at the

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time? Sure. This work was done in collaboration with Professor John o' Leary in Dublin. He was an

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expert in the molecular detection of viruses. I knew nothing about him until I was introduced to him

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and to his work on HIV and human herpesvirus 8. And so we set up a collaboration, it was a

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scientific collaboration where we sent biopsies from children who

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had got this new syndrome, autism and bowel disease, and children who were perfectly normal. We

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mixed them all up, we gave them a number. He didn't know which was which, and he came up with the

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answer. Answer that in the great majority, as you say, of the children with autism, but not in the

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non autistic group, there was presence of measles virus or evidence of measles virus genomic

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material in there, and that this was consistent with vaccine strain. And that was presented to that

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meeting with cdc, NIH and others, and they went ahead and tried to replicate, replicate the study.

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That's what science should do. So to their credit, they went ahead and replicated the study. Here's

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the problem is that when we presented those data, we made it absolutely clear that we found it in a

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specific site in the intestine and the end of the small intestine called the ileum, and that is

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where the lymph glands were grossly enlarged. That's where you would expect, expect to find some

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kind of persistent infectious agent that might be driving this disease. We did not find it in all of

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the colonic biopsies the large bowel biopsies that we looked at. So they went away and they designed

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this study and they used a pediatric gastroenterologist from Boston, from Boston Children's Hospital

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to provide them with the biopsies. But here's the problem is he did not have the skill set to get

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into the ileum, so he could only biopsy the colon. So he sent them all his colon biopsies in which,

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like, we found no virus. They did not look at the ileum, but it was reported. It was. We were. They

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were told that there was no evidence of measles virus. Game over, case closed. No, it wasn't. They

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did completely the wrong study. And this is the problem with badly designed science or science that

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is designed in a way, if one were really cynical, to give a negative result. So the studies that we

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advocated for, that I advocated for, were never actually done. And that was a great shame. You also

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received immense professional backlash, culminating in being stripped of your medical license and the

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Lancet retracting your paper in 2010. What was it like to face such intense backlash, especially

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when you were trying to help, you know, you were trying to address real concerns for so many

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families and I want to say

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should have been received as a hero. What was it like? Like having that kind of a reaction?

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It was. I. It was pretty brutal. The onslaught just kept coming and coming. You know, at that time,

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one has to bear in mind that this was unusual, incredibly unusual. This hadn't really happened to an

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academic before. I was accused of all kinds of things. I mean, they threw the book at me. Child

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abuse of, Of. Of inappropriate experimentation on children,

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scientific fraud. I mean, everything they could throw at me, they did. There was absolutely no truth

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to any of it. But unfortunately, that doesn't matter. There was me and there was me against the

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World Health Organization, unicef, the drug companies, the British government, the American

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government, the American Academy of Pediatrics, the Royal College College of Pediatrics, and child.

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It goes on and on and on. And this isn't, you know, a hard luck, Andy Wakefield story. This is just

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an historical postscript. This is actually what happened. Now, again,

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Covid has changed everything.

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Even the best people in their profession, in the history of their profession, like Peter McCullough,

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more published than any cardiologist in the history of this planet, is just disposed of when he

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comes out and criticizes policy and Covid shots. And so it's happened to many, many people. Many

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papers have been retracted that go against the health service narrative, the CDC's narrative, the

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drug company Narrative in particular. So the graveyards are full of these indispensable people. And

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that's tragic. But then there was kind of me and it just came. Became like a tsunami and

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it was pretty brutal. There was. And one of the questions that, Sorry, I preempted it, but you

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raised was in the, in a Professor John Walker Smith, who was also one of those people who was hauled

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up in front of the General Medical Council, our licensing body. One of the world's leading leading

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pediatric gastroenterologists. On the team I put together, he appealed the GMC's decision for the

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first time that this went to a proper judiciary in the High Court in England. And the judge

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destroyed the General Medical Council. He said they weren't fit to judge evidence and they are

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guilty of bias. And he completely overturned and the conviction of Professor Walker Smith. Now,

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Professor Walker Smith was funded to appeal. I also appealed, but I wasn't funded. And I was told by

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my lawyers that it would cost up to half a million pounds to fight this appeal. I didn't have that,

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I couldn't afford that. And so I was forced to withdraw my appeal. And so. So even though we went

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down the same path, the same route to appeal the General Medical Council's decision, he was funded

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and was successful. I was not. And many, many of the charges against him were exactly the same

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charges that were against me. They were thrown out by the High Court judge, Justice Mitting. So, you

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know, justice belongs to those who can afford it and that's the truth. And sometimes it doesn't even

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belong to them. Dr. Wakefield, after everything you've been through, what is the most important

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thing that you want parents, doctors and the public to understand about your journey and the

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questions that you were trying to raise about vaccine safety? Never give up, never quit. If you

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believe that this is what you're doing is right, doesn't matter what anyone else says, then pursue

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it to its natural conclusions. To mothers. Trust your instincts. Above all, trust your instincts.

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This is such a powerful force, your knowledge of your child. It's not cerebral, it's not something

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you think about, it's visceral. It's been in the human, evolving in the human genome,

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all animals for millions and millions of years on this planet, planet,

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since life first began here. And it is an extremely powerful force. You know when your child's well,

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you know when they're ill, you have a. An instinctive feeling for what happened for them. Trust

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that, because you know your child so much better than doctors and certainly pediatricians who may

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never have seen your, your, your child in the first place. So. But mothers, trust your instincts.

01:59:58 - 02:00:04

Doctors, do the right thing. Do the right thing. Do what many, many doctors have done in the face of

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COVID They've stood up, they've been counted, they paid a price. But they will be exonerated and

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they, they are being exonerated and they've done the right thing. And you know, they can leave this

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world in that knowledge.

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Thank you so much.

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Hi, we're joined now by Sally Bernard. Sally is co founder of the Coalition for Safe Minds, Sensible

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Action for ending Mercury induced Neurological Disorders. She has been a long time advocate for

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autism research and safety. Sally's written and published many articles including the landmark

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article she was the lead, lead author of the autism mercury article that was published and Medical

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Hypothesis. She is a citizen scientist who has just dug in and poured through PubMed, pulled

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together research and linked things together and just has an amazingly brilliant mind. She was a

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pivotal voice in exposing the dangers of mercury and vaccines back in 1999 and 2000. And so, Sally,

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I want to thank you for your time today to be with us and sort of share with us what your journey

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has been like. Okay, well, thanks for asking me questions, Lynn. It's, you know, it's been a long,

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long, long journey together.

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My son who has a more, the more severe form of autism was born in 1987. And so

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I experienced and witnessed the big increase in autism that started in the 1990s. Like I was there

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at the beginning, so one of the early, early parents who saw that. So back in the 90s, the group of

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parents with newly diagnosed children, we started to grow in numbers and started to connect with

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each other. Two organizations back then, Cure Autism now and nar, people may remember those took the

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approach of trying to find the scientific underpinnings, the medical and biological underpinnings of

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autism and to increase the efforts of the federal government to support science in autism. And the

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original

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focus was on genetics because there was that heritability factor. But in the late 90s,

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parents also started to

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observe this increase in the numbers and it was so noticeable that everyone was commenting on it.

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And the logic which we still have today, is that you cannot have a rapid increase in numbers in a

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purely genetic condition. And so there has to be an environmental component.

So, you know, this is

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back in the late 90s

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and I was part of the New Jersey chapter of Cure Autism Now. I was very into, you know, taking the

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scientific approach. So I guess my mind was primed to look at the Science and look at the causes and

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to look at environmental components because of this increase in prevalence. If everybody recalls,

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back in 1998 was when Andrew Wakefield published his paper in the Lancet connecting possibly the MMR

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based on parental report with the onset of their child's autism. And

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at that time,

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it wasn't something that I thought might be real, but I did witness, and I think, Lynn, you

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witnessed this too, the vicious and sustained attack on Dr. Wakefield just for publishing, you know,

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a pretty benign case series study. And that was when vaccines first came on the radar. Looking at

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the reaction of

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the vaccine field to his paper was.

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I think I was taken aback by it in 1999, which, Lynn, you probably remember too, July of 1999 was

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when the Public Health Service and the American Academy of, of Pediatrics issued a statement on

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thimerosalin vaccines. And they said that we're going to eliminate this substance from vaccines,

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starting with the hepatitis B vaccine.

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And I remember thinking, wow, they published something admitting that there's something wrong with

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vaccines. This must be really bad because they, you know, the reaction to Wakefield was so

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astonishing. Like they would never do anything unless it was really bad. Okay. And public publicly

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acknowledge it. So I think, Lynn, at the same time, you know, we, we. You were in Georgia, I was up

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in New Jersey, and we saw this announcement and like, so I think we somehow learned of each other.

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This was the beginning of the Internet back then, you know, back in 1999 and Pioneers. Yeah. And you

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had approached CDC and we were going down to talk to CDC and we figured out that we were both, you

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know, working on the same topic. And so we connected

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and it was, you know, in 1999 and up until foreign animal 501C3, you know, incorporation, that was

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the genesis of SafeMinds, because we felt we needed a separate organization to work on this issue

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because even, you know, back then it was a very toxic topic and many organizations didn't want to,

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didn't want to take it on. So we set up Safe Lines. So that was the beginning. We did. And we also

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testified before Congress, Congress back in 2000 and petitioned the FDA to remove all remaining

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thimerosal containing vaccines. And Safe Minds was instrumental in leading all of those efforts.

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Thank you. Sally. Tell me a little bit about the autism Mercury article from 2000 Connecting mercury

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exposures to all of the metabolic and neurological abnormalities that we were seeing in our

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children. That. But, you know, at that time it was still considered a genetically based psychiatric

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disorder. So even finding, you know, pointing out these, you know, abnormalities was, you know,

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somewhat of a new phenomenon. So tell me a little bit about that experience.

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Yeah, so

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I think it was

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Albert, remember Albert, who was another New Jersey parent. And so when this public, public health

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announcement came out on thimerosal, he started to do a little bit of research and he came across an

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article. I remember, you know, being. This was my aha moment. And it was about someone who had been

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exposed to a of lot of mercury, I think, as a treatment, I can't remember what it was for, and

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intravenous and some medical fusion product of which many medical products contain mercury back

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then. And he lost his ability to speak.

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And I had never come across something that causes someone

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who had speech and not be able to speak. Of course we had seen that in the parent community. You

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have, you know, an infant toddler developing normally, gaining speech and all of a sudden regressing

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and losing their ability to speak, becoming non verbal. And I think that was my first,

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you know, change of mind where I said, oh, well, maybe there's something to this. You know, we

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approached cdc, fda, nih and they weren't really budging. You know, we felt we were being

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stonewalled. And so we said, well, we need to communicate better in the way that, that scientists

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and medical officials, public health officials listen is if you publish in a scientific journal. So

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that's the idea of putting together this paper which was published in Medical Hypothesis. And of

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course, as parents, we didn't have access to labs or animals that we could test and you know, expose

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and tests and things. We did a literature review based on observations of behavior as well as

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descriptions of underlying biology. What do you see in autism and what do you see when you have

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mercury toxicity or mercury exposure,

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like the loss of ability to speak? We found many, many, many, many, many overlaps between autism

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behaviors and biology and mercury toxicity, people who have been exposed or animals, autism like

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behaviors and biological mechanisms. And so that was what our paper was about, was to do a

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comparison between those two bodies of literature to show, hey, you know, autism could be an outcome

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of mercury exposure. So, and at that time too, there were, there were many, many articles coming out

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around the dangers of mercury from environmental exposures, you know, from fish and the coal fire,

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power plants and things like that. So there was

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a growing literature and recognition amongst environmental scientists that mercury was really bad

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for you. So we sort of had this building momentum around

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mercury being bad and it has neurodevelopmental outcomes. So that was our paper.

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Yeah, and I know, Sally, when Albert reached out to me, I had met a lot of parents at this

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conference that, you know, came up to me when I spoke at Public comment telling me that they also

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had children that had been diagnosed with mercury. And also they were found to have high levels of

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mercury. And the physicians were sort of, you know, not certain where that came from. And so I ended

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up starting a listserv and collected. I mean, it started off with like five families and then 50 and

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then 500, and then it got up to like 5,000. And so part of that paper I provided case studies in

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these children that documented their neurodevelopmental testing, if they had it done before, you

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know, at their exposure levels, neurodevelopmental testing. Then they started a series of type detox

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procedures like using dmsa, which is an FDA approved drug for treating lead toxicity and other types

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of things that can naturally chelate, like improving mineral status. And they were reporting

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remarkable improvements. And there were several recovery videos. So I included, and this included

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neurodevelopmental testing afterwards where you could see how their scores had dramatically

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improved. I mean even their IQ scores. So that was added into the paper just as a little caveat in

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terms of what we had with regard to evidence, although case studies are not that strong, but still

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it was, I think, an important piece too. So Sally, Safe Minds had filed FOIA documents on the

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Centers for Disease Control, I think nih, also fda, regarding all of their documents related to

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research on thimerosal. Do you want to talk a little bit about that and about, about the Simpson

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Wood transcripts and just sort of the response that CDC had to mercury in vaccines and the potential

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for causing neurodevelopmental disorders.

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So at the end of 1999, when we first approached CDC and up until our paper comparing autism and

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mercury exposure exposure came out, we were interfacing with the federal health agencies. We felt we

02:13:52 - 02:13:53

were getting

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just not getting anywhere. We weren't getting any positive responses, with a few exceptions, but not

02:14:02 - 02:14:14

getting honest answers. And so we decided to submit a FOIA request for whatever these agencies had

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in their records on by Marisol. We were able to get like several boxes of documents through that

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FOIA request. And one of the

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documents were transcripts for the Simpsonwood conference that had been held, held in June of 2000.

02:14:42 - 02:14:54

And those transcripts were an eye opener for me, you know, for many reasons. One is that it actually

02:14:54 - 02:15:03

substantiated what we suspected, that there were outcomes related neurodevelopmental outcomes

02:15:03 - 02:15:13

related to increase in early thimerosal Exposures, so speech delay, autism, global developmental

02:15:13 - 02:15:22

delay, and so forth. And also it showed that our instincts around being

02:15:25 - 02:15:34

dismissed, this dismissal attitude by the, the federal health agencies, it wasn't in our heads. It

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was true. And that behind the scenes, unbeknownst to us, they were doing a lot of work. They were

02:15:44 - 02:15:53

scrambling to, on the one hand, remove thimerosal from childhood vaccines because they admitted, and

02:15:53 - 02:16:00

this is in another set of documents from a meeting at Lister Hill. So, you know, people may have

02:16:00 - 02:16:02

heard of the Lister Hill conference,

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you know, admitting that mercury was bad and it shouldn't be in vaccines.

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And so they were on the road to get, getting rid of that. On the other hand,

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there was,

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which really came out in Sinsonwood, this concerted effort to not admit that there were any health

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effects from the thimerosal and the vaccines. You know, there's a lot of talk these days about trust

02:16:36 - 02:16:45

in the medical profession and public health. To me, this is a prime example of why trust is lost,

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because we were engaging with these folks in good faith, faith to try and understand what might have

02:16:54 - 02:17:05

happened to our children, and they were more interested in protecting their vaccination program. And

02:17:05 - 02:17:14

it really became clear in Simpsonwood that the study that Tom Verstratten and colleagues had done,

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which, despite many iterations and manipulations, they still found the signal and the signal

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wouldn't go, go away. And here was this conference where they were

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looking at the data in every possible way in order to eliminate the signal. Okay, this significance

02:17:41 - 02:17:48

of these developmental outcomes and thimerosal exposure, and that is not

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proper scientific practice. Simpsonwood was supposed, it was positioned as a work group of acip, you

02:18:01 - 02:18:06

know, the Vaccine Advisory Committee. And it went,

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you know, it was not public knowledge.

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They

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knew that as a group, you know, we were an organized group trying to find answers on thimerosal, and

02:18:23 - 02:18:31

we were deliberately not invited. So this was not, you know, a, an open invitation.

Let's get all

02:18:31 - 02:18:38

sides together to talk about things. It was, it was the public, federal agencies, and it was pharma.

02:18:38 - 02:18:40

All the pharma representatives were there,

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but not the consumers who are the one, the recipients of these products. So they hid it. They

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manipulated the data so that they could come out with something that looked to absolve thimerosal of

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any health effects. And

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that just confirmed

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that we had a trust issue and that we needed to push in other directions

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because we weren't going to get

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good faith engagement with the folks who were proponents of the vaccination program. Program.

02:19:33 - 02:19:40

Exactly. Sally. Very well. Said, are there any particular quotes that stand out in your mind from

02:19:40 - 02:19:47

that transcript that, that were just so egregious? I know there was one in there.

There was a

02:19:47 - 02:19:54

physician who made the comment that his had just received a phone call that evening that their first

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grandson had been born and that he did not want that new grandson to receive any thimerosal

02:20:01 - 02:20:08

containing vaccines until these concerns were worked out and they walked out of that meeting and

02:20:08 - 02:20:12

they didn't alert the American public. And to me, that was

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just so wrong. There was an email cell I actually came across in all these documents where at one

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point one of the lower level employees at CDC who knew us at said, well, maybe we should invite

02:20:27 - 02:20:35

those parents from New Jersey can to come. And then it was like radio silence. Nobody responded. You

02:20:35 - 02:20:41

know, we never got that phone call, so. But there was one employee there who I think, you know, was

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thinking about us and thinking about the families who had been impacted by this but were absent from

02:20:47 - 02:20:55

the table. We were absolutely being gaslighted by our federal agencies. Yep.

Yeah. You know, one of

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my favorites

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is,

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you know, one of the,

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one of the scientists who was trying to not find the signal. And

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you know, because, you know, he was saying if you did this and if you did that, excluded this group,

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included this group group, how you calculate exposures and timing,

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you know, you end up not getting

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a significant finding. And so his, his was, you know, so you can push and I can pull.

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And you know, today there's something in science and it's called P hacking. And so, you know, it's

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like you don't get published unless you find, you know, find your, your findings are significant.

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And so they'll, you know, do this, that and the other with the data so that they can get a

02:21:58 - 02:22:03

significant finding. It's called P hacking for the, for the P value. And now there's something

02:22:03 - 02:22:09

called reverse P hacking. The term wasn't there back in the day, but it's the same thing where you

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do everything you can to not find a signal. And, you know, any set of data, if you work hard enough,

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you cannot find a finding. So that's why you have a scientific

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process that says up front, this is how I'm going to do my study. And that study design, that

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protocol carries throughout the study so that this kind of manipulation can happen. And this is sort

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of an egregious case

02:22:48 - 02:22:56

where, you know, this didn't happen in the laboratory. Tom Verstraten presented his findings. It

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happened at this meeting with huge conflicts of interest. You know, these were all folks that had a

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stake in the outcome. And

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so

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it was an eye opener. And Sally, I don't know if you remember this, but I actually, a few years

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later, wrote a complaint to the Office of Research Integrity reporting CDC for their manipulations

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to the study protocol after seeing statistically significant findings. And we got a response back

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from ORI that, you know, they had reached out to cdc and CDC said we just had a different set of

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opinions regarding the outcomes and everything, everything was fine. But what was most important is

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a month later we got a notice from the IRS that SafeBinds was being audited. So I don't know if

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those two things had anything to do with each other, but the timing was really pretty close to when

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we had started really ruffling some feathers. Sally, if you could talk a little bit about the

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Brabaker study at. And I know that was a real eye opener for me because, you know, we were being

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told that thimerosal was a much larger mercury molecule and it wasn't capable of crossing the blood

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brain barrier. And it was the kinder, gentler mercury, you know, not like the dangerous mercury,

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methylmercury. So talk a little bit about how the Burbacher study, how that came about and how that

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sort of changed thinking in terms of the toxicity between methylmercury and ethylmercury. Sure. So,

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you know, I talk about, you know, the people who were aligned against us, but there were people,

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scientists and medical professionals who agreed with what we were saying. And a lot of them came out

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of the toxicology, environmental health field. You know, that, that fields, because toxicology had a

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very different perspective on adverse effects and safety limits. You know, their, their science was

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much more attuned and well thought out around what is a harmful effect and let's keep people safe.

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So

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those folks

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were amenable to engagement with us. One person that stands out is Ken Olden, who ran for many years

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the National Institute of Environmental Health Studies niehs. He was an amazing individual. I think

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he's beloved by everyone who interacted with him.

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And he

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agreed to a meeting with us, and we went down and met with him and some other folks. And he was

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receptive to our concerns. And so he. I think it was him who

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helped connect us with the scientist Thomas Burbach at the University of Washington, who did study,

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you know, animal studies on toxicity, including primates, non human primates. So he started a study,

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completed a study in monkeys on the, I guess, pharmacokinetics of ethylmercury. As compared to

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methylmercury, because methylmercury had been the,

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I guess, the benchmark that everyone was concerned about methylmercury, because that's your exposed,

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your main exposure from the environment through fish and other means was with methylmercury. So

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there was a fair amount of science on the harm at even low doses, and particularly amongst children

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and the feedback fetus on methylmercury. And so the key was to do a direct comparison between

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methylmercury and ethylmercury. And what Dr. Burbacher found in his paper,

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let's see, it came out in 2005, was that actually

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there are differences between methyl and ethylmercury and how the body absorbs it and circulates it

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in the blood and how it's detoxified. But even though the blood levels might be lower with

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ethylmercury, a sizable portion gets in the brain. And what gets into the brain, brain stays in the

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brain because it rapidly in brain cells

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converts to this form of mercury called inorganic mercury. And that has really harmful effects. And

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once it converts to inorganic mercury, it is very difficult to excrete or, you know, to leave the

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cell and then leave the body. It kind of stays in there forever or for a very long time and much

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longer than methylmercury, which stays as methylmercury. And it kind of goes back and forth from the

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cells into the, you know, and out of the brain. And so the potential for harm from ethylmercury, you

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know, in many ways, we was worse than methylmercury. So that was the, you know, the

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key takeaway from his study.

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And

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this basic toxicology study,

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rigorous toxicology study, had never been done before, even though they'd been using thimerosal and

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met medical products for, you know, 100 years, you know, 50, 70 years in. In little children. So

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it was an eye opener.

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Yeah, it really was. And I remember looking at studies after that, Sally, and the inorganic mercury

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in some studies was stated in the brain is long as 27 years. And

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in that study, there was a previous study Dr. Berbr had done with primates with methyl mercury, and

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they allowed the primates to age that had been exposed that were methyl mercury toxic. And I

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remember one of the pictures of the monkey, Sally, because the adult monkey had that same sort of

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faraway look in his eyes that our children with autism have. I had a picture of that monkey for. For

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decades from the journal that I printed out on my. My cabinet here in my office, because it just,

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you know, I could see our children in the eyes of that. That primate that was mercury toxic. Yeah.

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But, yeah, it was a very landmark study. And it also, you know, they were supposed to do a second

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phase of that study, which the first phase that was completed was just to see if it would cross the

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blood brain barrier. And then the second phase was to look at what type of impact it had on the

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brain. And the agencies quickly shut down the second phase of the study. The National Toxicology

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Program decided that

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they put the investigation into thimerosal, which this study was a part of, on hold, is still on

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hold to this day. The nomination has never been completed in terms of looking at thimerosal from a

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toxicological perspective. Effective. And we're still giving it and flu vaccines to pregnant women

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today. So it's just, it's. And around the world, you know. Absolutely. Especially around the world,

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developing countries so. Well, thank you so much for helping to expose these truths and to help to

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wake up people that they need to do their. Their own research and to listen to the views that

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oftentimes are not represented through mainstream media, like the work of CHD tv. So thank you.

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Thank you very much. Okay, take care, Sally.

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Today we're going to focus on the government's program for compensating families that experience

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vaccine injuries. We spent about two years conducting oversight on federal vaccine policies. We

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looked at these issues from almost every angle. We've looked at the issues related to vaccine

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safety. Much more research needs to be done in this area. We've looked at conflicts of interest in

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vaccine policymaking. The Department of Health and Human Services has a real problem in this area

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that we don't believe they're addressing. Today we're going to look at the National Vaccine Injury

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Compensation Program. It was created by Congress to compensate families when their children are

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injured by vaccines. Is it working the way Congress intended? I think the answer is no. I want to

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make a few preliminary points about the vaccines in general. First, vaccines are an important part

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of our public health system. They've saved millions of lives. They've helped wipe out crippling

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diseases. We want children to be protected against infectious diseases. Nothing this committee does

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should be interpreted as anti vaccine. Second, we want vaccines to be as safe as possible. No matter

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how good our vaccines are, there's always room for improvement. The oral polio vaccine saved

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thousands of children from a crippling disease. It was a good public health tool in its time, but it

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was not perfect. It had a high rate of adverse events. By doing the research, a new and Better

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vaccine was developed.

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Today we're getting the same public health benefit with far fewer side effects with the polio

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vaccine. Not enough research is being done in this area. Mercury is a good example. For decades,

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vaccine manufacturers have used mercury preservatives in vaccines. In the past, maybe the benefits

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outweighed the risks. But today there's a consensus that mercury, no matter how small the quantity,

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does not belong in vaccines. The truth is, we just don't know what the health effects of mercury are

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because the research hasn't been done. We know that some forms of mercury cause neurological

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disorders. There are some groups of scientists that believe that Alzheimer's and autism are in part

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caused by the mercury in the vaccines. And I want all the members of Congress to know that the

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vaccine that they're getting for the flu has mercury in it. It's called thimerosal, and that's a

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preservative. And some scientists believe it does cause as a major contributing factor to

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neurological disorders. And when you go over and get your shot, all you have to do is look at the

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insert because it does have mercury in it. I'm not saying you shouldn't get a flu shot, but I think

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you should be aware that there's a growing body of evidence that the mercury does contribute to

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Alzheimer's and other diseases of that type, and it's in the vaccine. Not enough research has been

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done to tell us if the mercury preservatives used in vaccines are related to neurological problems.

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But as I said, there's a growing body of scientists that believe it is. The Institute of Medicine

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said that a connection is biologically plausible, but there's not enough research to know, and we

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need to do more research to make sure. When those of us who have really looked at these issues call

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for more research, and when we say that we should err on the side of caution, I hope we won't be

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accused of trying to scare the public. We shouldn't bury our heads in the sand when it comes to

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vaccine safety. The best way to give the American people confidence is to do the research so we can

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tell the people that their vaccines are as safe as possible and most effective products are as safe

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as possible. The third point I want to make is this. We know that no matter how safe the vaccine is,

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a very small number of people are going to be injured. Now, that's a fact. That's why Congress

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created the Vaccine Injury Compensation Program to provide compensation to families when their

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children are injured. My colleague, Mr. Waxman, who I'm very happy is on the committee because he's

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very familiar with this issue. He wrote the bill that created this program 15 years ago and he

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deserves a lot of credit for that. At the time, vaccine manufacturers were faced with a lot of

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lawsuits. They were threatening to leave the market. And so that would have adversely affected

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people who needed those vaccines. The stability of our vaccine supply was in question. Mr. Waxman

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and others stepped in and created this program. And it took a lot of foresight. The program had

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three basic goals. The first goal was to protect vaccine manufacturers from lawsuits. That was

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successful. The second goal was to stabilize the supply of vaccines in this country. Again, that was

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a success. The third goal was to provide compensation to families in a generous way without tying

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them up in court for years. And on this point, the program has not lived up to expectations. This

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system was designed to be generous to families whose children were suffering crippling injuries. It

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was meant to provide compensation quickly without a lot of legal fighting on close calls. The

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families are supposed to get the benefit of the doubt. That's not the way the program has been

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working today. It had some successes, but it's also had some failures. If you talk to families

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who've been tied up in this system, it sounds like this program has become every bit as adversarial

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as the tort system it replaced. Cases drag on for six or eight or ten years. The GAO said that the

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average case takes two years to complete. A third of the cases take more than five years. The

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government hires teams of medical witnesses to try to disprove families cases. All of the

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government's expenses are paid out of the trust fund. Families are not reimbursed for their expenses

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for years. We're talking about middle class families who are already paying tens of thousands of

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dollars every year to take care of severely injured children. And we're supposed to be helping

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these people. But if you talk to some of these families, they feel like they've been put through the

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wringer by their own government. We have some clear evidence of overzealous conduct on behalf of the

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government. In the case of the Sward family, which we're going to hear about today, the special

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master called the Justice Department's lawyer tactics egregious. Quote respondents argument of

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independent corroboration from the records is especially egregious in a situation such as the

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instant case in which death occurs within four hours of vaccination. In the case of the Zolki

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family, one of the special masters recused himself from the case because he became so frustrated

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with the government representative in a case cited in our committee report last year, the Special

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Master apologized to the family for the government's conduct. In the Special Masters view,

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respondents counsel's abrasive, tenacious, obstreperous litigation tactics were inappropriate in a

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program that is intended to be less adversarial. It seems to me logical. The first question to ask

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is do you have any financial ties to the company that manufactured the product that created this

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adverse event? Seems like you'd want to ask that, wouldn't you? Two years ago, for instance, this

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committee publicized allegations that the measurement measles mumps rubella, the MMR vaccine, causes

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autism. This allegation frightened many parents, but the allegation has been disproven by scientific

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evidence. Studies in Europe and here in the US by the Institute of Medicine have concluded that the

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MMR vaccine is not associated with autism and there should be no confusion about that. Mr. Chairman,

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you've repeatedly and rightly in my view, asked for more scientific studies so that we can know as

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much as possible about any adverse health consequences from vaccines. But it's important for our

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committee to pay attention to those studies once they are completed. In fact, it's important that

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parents know about two recently concluded peer reviewed research research reports. The first, which

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appeared in a recent issue of the New England Journal of Medicine, examined the theory that the

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measles mumps rubella vaccine causes autism. Concerns about a potential link have terrified British

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parents and have resulted in measles outbreaks in the United Kingdom because of the children who are

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not getting vaccinated. At previous committee hearings, some, some members and witnesses have called

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for a comparison between vaccinated and unvaccinated children in testing the safety of this vaccine.

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Well, this comparison is exactly what the New England Journal of Medicine study provides. It found

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no increase in autism among those children who were vaccinated compared to those who were not. The

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commentary that accompanied this study said that this study should put to rest parents concerns over

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the safety of the MMR vaccine. A second peer reviewed research report was published in the Lancet

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two weeks ago. This study addressed the theory that thimerosal, a mercury based vaccine preservative,

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causes children to suffer neurological damage, including autism. In this study, research researchers

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measured the amount of mercury in the bloodstream of recently vaccinated infants. They found that

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this level did not exceed safe values in any child. The commentary that accompanied this study said

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it provided, quote, comforting reassurance, end quote. During the recent passage of the Homeland

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Security bill, the Republican leadership snuck in two vaccine related Provisions that that help

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industry and do nothing to help people who are injured by vaccines. The first of these provisions

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gave manufacturers of the smallpox vaccine and hospitals that administer the vaccine virtually

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complete immunity from lawsuits, but does nothing to compensate people who suffer vaccine related

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injuries or death. The net results is that Republicans have managed to protect everyone but those

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who need the protection the most. Imagine an emergency room worker who was vaccinated against

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smallpox in order to protect the rest of us in case of a bioterrorist attack. If this hero or

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heroine on the front lines becomes incapacitated by the vaccine, he or she has no guarantee of

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compensation for his or her sacrifice. This is completely unacceptable.

Republicans also snuck in

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another vaccine related provision into the Homeland Security bill that has no bearing on homeland

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security whatsoever. It provides liability protection for Eli Lilly, a manufacturer and distributor

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of thimerosal. The provision was cherry picked from a list of recommendations made by an expert

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panel that oversees the vaccine injury compensation program. Not included in the Homeland Security

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bill were those recommendations made by this same expert panel that helped families and children,

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including increasing the death benefit, doubling the statute of limitations for the program, and

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allowing the program program to pay for family counseling. Here's a telling the Republican

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leadership is so embarrassed by what they did that they won't even admit about what they've done.

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After the thimerosal provision was put in the bill, House Majority Leader Dick Armey said the

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provision was put in at the request of the White House. But when I wrote to the White House House

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about this, the White House claimed the idea originated in Congress. But to this day, not a single

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member of the Republican leadership will admit responsibility for this provision. I don't know what

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kind of values these actions represent, but they are not the values that I want to have any part of.

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They put the interests of powerful and wealthy special interests as ahead of families with children

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suffering from debilitating illnesses. This is an embarrassment to the Congress and to our great

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country. If scientists behaved purely like scientists and did purely objective research all the

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time,

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then the comments made by Mr. Waxman would be valid. The reality is scientists and medical

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researchers operate with a system of biases

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that frankly can be very, very politicized. And

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the claims that were made by the ranking member that these issues essentially have been put to rest

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I don't believe are valid. So specifically when you look at the issue of the mmr, the Danish study,

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the data from the Danish study which he was referring to, which I'm sure we're going to hear more

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about today from our witnesses,

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was Valuable, but it didn't really get at answering the question of really looking at kids with

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regressive autism. I don't think the opinion of this committee has ever been that mercury per se or

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the MMR per se causes autism. And I think the general consensus of scientific opinion is that this

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is probably a multifactorial disease.

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And while the Danish study provided some valuable information, it really,

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it didn't answer the question, I think, of regressive autism. And. And the other thing that was very

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disturbing about the Danish study is they documented a tenfold increase in the incidence of autism

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in Denmark. And there's absolutely no comment in the New England Journal about that issue.

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And let me just say I share Mr. Waxman's sentiments on vaccines.

02:46:06 - 02:46:14

Vaccinations and septic systems have probably done more to save hundreds of millions of lives in the

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civilized world than anything else. And we all need to be very, very grateful to these tremendous

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breakthroughs in vaccinations. But there's some, I think, some very, very troubling issues that have

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not been resolved. And the thing that I continue to find extremely disturbing is the fact that the

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CDC still does not allow researchers access to the vaccine safety data. If everything was so

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objective, and any scientist at all can look at this stuff, it would be one thing, but they continue

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to deny people access to this information. And until we get a free and open dialogue within the

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scientific community, I don't think, for one, I will ever be satisfied that there isn't some data

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suggesting that some children may have serious side effects from some of these vaccines that is

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really going undetected, unnoticed. And yes, it may actually cause autism.

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Let me just conclude by saying that the issue with the MMR that got all this started was a clinical

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study. And the Danish study is again, another epidemiologic study.

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And a clinical study

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is very, very cheap and easy to do, but nobody seems to want to do it. We had somebody at one of our

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previous hearings, a Dr. Kriegsman from New York, who had replicated some of Wakefield's work

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showing that these kids are developing inflammatory bowel disease. And then he wanted to do the next

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step. He wanted to actually do the pathologic analysis on these biopsy specimens. And the

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institution that he works at said, no, they don't want to get into it. This is too controversial.

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And so if everything was so objective and scientific, like Dr. Wex or Mr. Waxman is saying, why do

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you have a majority institution in New York City saying, no, we don't want to get into that,

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you know, to a certain extent, the problem is we're trying to investigate a sacred cow. And for a

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lot of people in the medical community, there's this tremendous fear. If you say anything negative

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about vaccines, then parents will stop vaccinating their kids and then you'll have all these

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outbreaks of these diseases. I don't think parents are that stupid. I think parents will continue,

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continue to vaccinate their kids. We have a responsibility to them to really find out if there's

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truth in all this. And I don't think the answers are in. And I don't think this mercury study really

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helps us that much either. It provides us. Let me just say it's a great study and we're going to

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hear more about the mercury study because it gives us data in an arena where we had no data. And so

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I'm thankful for that. But it basically studies 40 kids. We don't know if the kids that get autism

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in response to mercury are kids who don't handle the mercury properly. And I don't think the ranking

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member was accurate at all to say that this puts this issue to rest. Frankly, I've been very, very

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surprised at his attitude in all this, because before I got here, I had an image of him as being

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somebody who would really go after all these toxin issues and all these pollution issues. And

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ethylmercury, which is what thimerosal dissociates into, is chemically very, very similar to

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methylmercury in its structure. And it's very, very bothersome that when you follow the vaccine,

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well, it's not in the vaccines anymore. But a few years ago, when you followed the vaccine schedule,

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you were giving kids, kids doses, 10, 20, 30 times the toxic dosage for these kids. And

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the recent, I guess it was in the Lancet study that looked at these kids and looked at excretion. I

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think it was a very valuable study, but it doesn't answer the question. The kids that become

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autistic may be the kids that don't process the thimerosal process properly. And that study only had

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40 kids in it. The best way to get answers on the vaccine safety data is to open it up and let

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objective scientists come in and look at it. If these vaccines are that safe, then that will be

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validated. Just about two weeks ago, you were lined up for your first hearing for confirmation as

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CDC director, but that didn't work out as planned. I knew exactly what I was going into. I knew they

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were going to pick apart all my statements from the past. And PhRMA was not pleased with my

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nomination. There's no common ground to be. Oh, it's. It's hyper polarized to some degree. The

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hearings are political theater and it's a fight. You don't get donations and you don't get your

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volunteers by getting along. When you're sticking your neck out like I was, you're putting a little

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target on your forehead since you don't know why exactly. I think there is something we do know. We

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know it's the heart of the controversy around you, and it goes back maybe even more than 20 years.

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Why do we have all this autism going on? I asked the CDC officials the very question why? And they

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had no explanation. Why are they so afraid that Bobby or you would actually do the science? Why are

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they intimidating? Why are they bullying? Why are they refusing to do the proper kind of studies?

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It's that big. Trillions of dollars. It's trillions. It's trillions. If this comes out, the CDC is

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done. Does it stop at hhs? Does it wipe out all of hhs? Or does it kill the confidence of every

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American in our government? And does it wipe out the government of the United States of America?

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Well,

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it could go beyond that. We know it was the heart of the controversy around you. And it goes back

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20, maybe even more than 20 years. Yeah, actually, it goes back about 25 years. Okay. Yeah. It all

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started, I was in Congress, and it all started with a phone call I got from a physician in my

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district who was a supporter of mine who had had a baby and a young son. And he calls me up and

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tells me that his son took an MMR shot and had a very adverse reaction to it with bowel problems and

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diarrhea and neurologic regression, and was later diagnosed as autistic. And he was of the opinion

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that it was caused by the vaccine. And I was really taken aback, you know, with the call. It's a sad

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call to hear from anybody, but he was a friend. And the other thing that intrigued me is I had never

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seen a case of autism. I had gone through college, medical school, internship, residency, six years

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of service in the US army as an army doctor,

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five years in private practice, and I'd never seen an autism case. And then he says to me that

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autism was increasing dramatically throughout the country. And it was his opinion that it could be

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related to the vaccines. And that shocked me as well, because I had been taught, of course, vaccines

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were essential. And though some children can have a bad reaction to a vaccine, most children do fine

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with them and have very few side effects. So it was all kind of perplexing.

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And anyway, he invites me to go to a conference to say a few words and the next thing I know, I, I

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have people coming to me from all over the country complaining to me about vaccine safety related

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issues. And the other complaint they had was that under the vaccine act of 1986 they had no

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recourse.

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And the other complaint they had no, they couldn't sue just for people that may be hearing this for

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the first time. In 1986 we passed the Vaccine Injury Compensation act act, which took liability away

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from the manufacturers and the doctors and the hospitals and anything to do with vaccines. If you

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are injured, you cannot sue anybody. You have to go through a government court system. Right. And

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you face the Justice Department of the United States. You literally have the Department of Justice

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using Justice Department lawyers fighting you if you want to get compensation. Yeah. And, and, and,

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and the other thing these people. Did you know that at that moment, did you know that there was

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liability protections? Yes. I remember when the Vaccine act was passed and the way it was basically

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explained is the vaccine manufacturers were being sued so much that they were all getting out of the

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business. And I think there were only two in the business and they were threatening to get out if

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they didn't get indemnification. And a lot of people, including myself, thought something needed to

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be done because, because if all the manufacturers got out of the business, then we wouldn't be able

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to vaccinate our kids. And so the thinking at the time was that the Vaccine act was the right thing

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to do. I think it went too far personally.

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But what was also interesting when all these parents from all over the country started coming to me

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is they said, nobody will help us, nobody will talk to us. And you know, some said it was this

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vaccine, some said it was this vaccine, some said it was the mercury in the vaccine. And what really

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amazed me is some of the people coming to me were doctors. So these were physicians who were

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claiming that my kid was developing normal until they got that shot. To be clear, one of the things

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that, you know, the anti vaxxers, you know, will say at times that the pharmaceutical industry

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blackmailed Ronald Reagan and the government saying, you have to protect us from liability or we're

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going to stop making vaccines. Now what we tend to leave out of the story is that there was parents

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like Barbara Lo Fisher and those that had injured children that were going to Waxman and to the

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government and saying, look, look, there is this Our children are this rare, you know, injured group

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that are having a bad reaction from this. If you're mandating this product and there's going to be

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this side effect, this casualty that you're accepting, you have to take care of them. It's costing

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us millions of dollars to raise these kids that are autistic. So they were in there saying, we are

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open to a liability protection as long as there's a system that says, we recognize you've been

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injured, injured, and here's the money to take care of your kids.

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Am I correct on that? Yeah. Yeah, you are correct. But there was another problem with what happened

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in that it completely disincentivized the manufacturers to do research on safety. And so if you're

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the CEO of a drug company and you've got a new product you want to bring out, you really are

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incentivized to make sure that that is safe before it gets released on the market, because, number

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one, it could tank the stock value. And that hurts all of your stockholders. But as well you as the

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CEO, because most CEOs get paid with stock options, right? So I'm only getting paid. I'm the CEO of

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Merck. I'm only getting paid, paid \$2 million a year to be the CEO, but I've got \$10 million of

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stock options. So you have a personal incentive to make sure that that new drug is safe. The problem

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with the Vaccine act is that they have zero incentive to make sure that it's safe, cannot be sued,

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they will never be. Their stock will never be hurt, they'll never be looked down upon. And I've

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actually had lawyers argue to me

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that they are incentivized not to find out if there are safety problems with it, because if they can

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get the CDC to approve it and put it on the childhood vaccine schedule. Half of all vaccines in

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America today are given away for free by the federal government through the CDC. It's about \$10

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billion a year. And why would you want to discover that there's a one in a thousand or one in five

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hundred side effect from this? It could hurt your ability to sell it to the government. There was a

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fairly significant group of representatives that were actually looking at this issue around

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vaccines. Of course, I'm talking about the Dan Burton hearings.

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How did you get involved in those hearings?

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Well,

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as I started having people come to me, one of the things that was brought to my attention was the

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amount of mercury,

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toxic mercury containing compound called thimerosal that had gotten into the vaccine schedule. And I

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Led an effort to pressure CDC and FDA and pharma to get that mercury out. Just to be clear, mercury,

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I think some people have heard different ways, like the second most toxic substance on earth is

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certainly the most toxic non radioactive substance or something. Arsenic might be the worst. It'd be

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like giving arsenic to little babies. The thing that's so appalling about what happened with the

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mercury is a baby's brain in the first six months of life literally doubles. And there's just a

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tremendous amount of nerve development. The reason little babies are clumsy is their nervous system

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is not developed. And so after the baby is born, there's just a tremendous amount of neurologic

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development as well as muscular muscle development and skeletal development. But it's primarily

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neurologic development. And that preservative, thimerosal is a neurotoxin. It's a known neurotoxin.

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And if you did, did the calculations, they were pushing these babies into the toxic range, clearly

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pushing them into the toxic range. And FDA and CDC never did the calculations. Actually, there was a

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fellow quoted in the media who was one of the fathers of the vaccine program, who admitted it. We

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never did the calculations. They had an FDA meeting at a hotel in Maryland, Maryland, where they

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were scrambling, trying to figure out what they were going to do. Similar meeting down in the

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Atlanta area with the CDC officials. And so I got on all that and I started pressuring the agencies

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to just get it all out. Don't put thimerosal in the vaccines that are going into infants. These are

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little teeny infants. Why do you want to put mercury in there? And, and that came to the attention

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of Dan Burton. And he came to me and asked me to go on his committee. And I was already on two

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different committees and it was going to be a third committee for me. So that's how I ended up. It's

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amazing. Just. And we'll get right there is. If you look at the history of mercury, it's Mad

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Hatter's disease. The mercury being used on hats starts making adults, adults go crazy. Their brain

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goes crazy. We're injecting this into babies right as their brains are expanding. And you had

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science. I've watched some of these hearings again where you could literally watch like neural

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prune. Like we're like the, the nerves and everything in the brain are shortening upon contact with,

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with mercury vapors and things. And of course we could just get them. But this is a super toxic

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stuff, very toxic. And what you're saying is, is everyone had focused on the amount of mercury in

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one of the vaccines, no one thought about, wait, we're giving four or five or six of these at a

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time. Then there's the accumulation of up to 70 by the time you're 18. And you said, you started

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saying, wait a minute, look at the accumulation of this. Oh, it was terrible. And they finally

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relented. It took them years. They took the mercury out. Yeah. And the autism rate did not go down.

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And so I came away from that saying, there's more to the autism epidemic than just the mercury. But,

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you know, there was evidence that it may have caused other things other than autism. Some sort of

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speech and language development issues in some of the kids.

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But what always bothered me was they never took the mercury out of the vaccines that we sent

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overseas to vaccinate poor children in developing countries. And I'll never forget this was just a

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few months ago. I was at this event in Washington, D.C. it had nothing to do with vaccines. It was

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an event about Israel and there were a lot of foreign government officials there. And I had had a

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government official from Africa come up to me and he knew who I was and he knew the work I had done

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on getting mercury out of the vaccines.

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And he said, but they kept the mercury in the vaccine that came to my country. And I had to say to

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him, yes, they did. And that was to save money. I complained to government officials, officials, you

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need to get it out of our vaccines, and you need to get it out of the vaccines that are going to

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these poor countries. And they complained that it was going to cost millions of dollars and there

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was insufficient evidence that

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toxic substances doing damage to children. I hate to say it, we'll take it out for the white kids,

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but we won't take it out for the black kids in Africa. I mean, that's basically what they were

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saying, because it will cost us too much money. And I just thought that was horrible to all those

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people who say, oh, it's not the vaccines, it's not the vaccines. The vaccines are safe. First of

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all, that's not true. You know, we have the Vaccine Compensation act because, you know, it's hurting

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somebody. Thousands of kids every year are damaged by these vaccines. It's just there's safe for the

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vast majority and we need them, but they do have side effects. But all right, let's say there's no

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relationship with the vaccine schedule. Even though the vaccine schedule went up and the autism rate

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went up, let's just for argument's sake, say it's not the vaccines. Okay, well then what is it? Why

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do we have all this autism going up? I asked the CDC officials the very question, is this just an

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artifact? Is this a change in the diagnostic code? Are we just picking it up better? And they said

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to me, no, they said it is really going up. And I said to CDC officials why? And they had no

03:06:13 - 03:06:20

explanation, absolutely no explanation. What was the goal? Was the goal of the Burton hearings to

03:06:20 - 03:06:26

just get mercury looked at and out of vaccines? We. Or what was the sort of the stated intention of

03:06:26 - 03:06:32

those hearings? Well, the stated intention of those hearings initially was focused on the mercury

03:06:32 - 03:06:40

issue. He was very concerned about the amount of mercury that was allowed to go in those vaccines.

03:06:41 - 03:06:51

And just for your viewers, what happened? It was in the DPT shot, which was three shots, okay? But

03:06:51 - 03:06:58

it was given over a prolonged period of time. And then they added another vaccine with mercury in it

03:06:58 - 03:07:05

called the HEB vaccine and then they added the hepatitis B vaccine, which was pretty egregious.

03:07:05 - 03:07:12

About the hepatitis B vaccine is the recommendation was to give the first shot in the nursery after

03:07:12 - 03:07:17

the baby is born. First day of life. First day of life. So this baby is sitting in nursery bamo,

03:07:17 - 03:07:22

you're injecting it with a toxic mercury containing preservative.

03:07:25 - 03:07:33

Oh, by the way, a sexually transmitted disease that is usually only a problem for people in

03:07:33 - 03:07:39

promiscuous sexual relationships or sleeping prostitutes, ID drug abusers or IV drug abusers. So why

03:07:39 - 03:07:45

a day one old baby even needed this vaccine of all of them? Them, that has always been the easiest

03:07:45 - 03:07:50

one, I think, to put a target on. Well, I couldn't agree with you more, I would say around this

03:07:50 - 03:07:58

topic of vaccines, there is no greater, more controversial figure in the world than Dr. Andrew

03:07:58 - 03:08:04

Wakefield. I will give the caveat. He was the director of the film I produced, Vaxxed. That puts me

03:08:04 - 03:08:08

in the middle of it. So I don't say that as like shocker. But

03:08:10 - 03:08:18

take me back to how you met Dr. Andrew Wakefield, because it obviously had enough of effect that 20

03:08:18 - 03:08:25

something years later, in a three page, you know, discussion about why you had just lost this

03:08:25 - 03:08:28

position at the cdc, you chose to write about him.

03:08:30 - 03:08:34

Well, let me give you the background on that. But before I give you the background on that, I have

03:08:34 - 03:08:41

to say I think he is probably one of the most unfairly vilified human beings alive today in the

03:08:41 - 03:08:50

world. And you know, people have expressed sympathies to me for what happened to me, but I consider,

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you know, what happened to him to be, you know, significantly worse.

03:08:56 - 03:09:02

So I mentioned earlier, I Had this friend who was a doctor, and he said he thought his kid was made

03:09:02 - 03:09:12

autistic by the MMR vaccine. And he invites me to speak at this event in Orlando. And my district

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came close to Orlando, so I had a lot of reasons to be in and out of Orlando, and I was going to be

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in the area that day. So I thought I would just get up and express my condolences to the families

03:09:25 - 03:09:32

that were there who were making the same sort of claims that their child had been made autistic by

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vaccine. So specifically. Not just every. Just very specifically in a conference about autism and

03:09:39 - 03:09:51

vaccines. Correct. This was a meeting of some scientists, some officials, and some activists, and

03:09:51 - 03:09:58

then just some parents. And it was not in my district, but it was bordering on my district. So I go,

03:09:58 - 03:10:05

and Andrew Wakefield is there, there, and he's a British researcher. He's at a prestigious hospital

03:10:05 - 03:10:15

in London, and he was presenting his data. And I thought it was very intriguing, to say the least.

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And so that set up sort of a dialogue between me and him. I never chose a career in research, but I.

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I read the medical journals. I've read the New England Journal, the jama, and the Annals of Internal

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Medicine. My entire medical career and my undergraduate degree was in biochemistry. And so I've

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always been interested in science and research. And I did a little bit of research in college and in

03:10:41 - 03:10:48

medical school, but not a lot. But anyway, I got to know him, and I got to know his research, and

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then we basically kept in touch.

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And he published about 15 papers, and he defined a new form of childhood inflammatory bowel disease

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that heretofore had never been described. There were researchers in the United States who duplicated

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his research and showed that it was indeed true. And I remember talking to CDC officials at the

03:11:20 - 03:11:27

time, time and saying, is this legit? Did Wakefield really discover that these.

Because you know

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what the parents described of the kids that claimed their child was made ill and in some cases made

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autistic from the mmr, what they described is the kid had normal bowel movements and then started

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developing diarrhea. The kid was eating normal. And then the kid became a very fussy kid, and the

03:11:49 - 03:11:54

kid had normal speech and language development and then stopped talking. And that was basically the

03:11:54 - 03:12:05

syndrome. And his research, he published 15 papers. Fourteen of them were not withdrawn. Okay. And

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the condition that he defined is an established, known condition that these kids will develop this

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bowel condition condition. What got him in trouble is he gave some of his biopsy specimens to a

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virologist in Ireland by the name of o' Leary to do analysis on the biopsy specimens and to

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specifically look to see if there were measles particles in those biopsy species specimens. Vaccine

03:12:40 - 03:12:45

strain measles. He was very respected, renowned virologist.

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And Wakefield ultimately brings o' Leary into my office and shows me his PCR data that showed that

03:12:58 - 03:13:02

these kids with this inflammatory bowel condition

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actually had vaccine strand brain measles particles infecting the lining of their large intestines.

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And it was, I was, you know, blown away when I looked at this and I actually looked at his, his, his

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photographs and, and, and it's a fluorescent type of photograph. And anyway that was published in a

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journal called Lancet. Immediately British parents started refusing the mmr. They started having

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some measles outbreaks. The health department in England went, pulled all the fire alarms, went into

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damage control mode. What they should have done, and it's still to this day has never been done, is

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try to repeat that study. Nobody has the nerve to repeat that study. Which is one of the things that

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I wanted to do if I was at the cdc. I would get those biopsy specimens and I would look to see, see

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is that vaccine strain measles particle. And that's one of the first rules in research. If you

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discover something in biomedical research that is revolutionary, that is iconoclastic, you want

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somebody somewhere to try to repeat it. And I've seen many times they can't repeat it. Right. That's

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been an argument about the medical journals. A lot of these studies have shown that 50% of the these

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are not repeatable. Like it doesn't actually isn't true. Exactly. But why, why didn't somebody

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attempt, attempt to do that? You know? Right. What's that all about? Why did you even at least, at

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least try again? Let's point out this is a disease that is starting to skyrocket in America but also

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around the world. It is catastrophic to the people that are at least have serious cases of it. It is

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truly an epidemic. So you would think there would be a desire to see if this is true. Is this

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somehow related to the measles strain from the vaccine in the gut affecting these children's

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stomachs? This is why I've engaged on this issue all these years, because it drives me crazy when I

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think of about it. They get Lancett to withdraw the article and they get o' Leary to withdraw his

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data and basically say no, that's not what it showed. And so

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this is 20 years ago now. I get on the phone with O' Leary and I said to him, why are you doing

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this? You showed me your day data. And there was this very pregnant pause. And then he says,

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it's taken me a long time to get where I am in the scientific community. And then there's another

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pregnant pause. And he Sundays, I have four small children at home. And I said to myself, they were

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threatening this guy with root. They were going to kick him off faculty. They were going to make it

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impossible for him to get research grants. They were literally going to put him and his four kids

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and his wife in the poor house. And

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I was just completely flabbergasted. And then

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back to Andy Wakefield, the other thing that, and why I talked about him in that letter,

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I thought the way he got treated was horrible. The way they treated o' Leary, the way they treated

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the editors at the Lancet was horrible. They were stifling scientific inquiry. They should have

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tried to repeat that study, and they didn't want to repeat it. The records clearly show they never

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did anything unethical. They never did anything that was scientifically dubious, and that Andy

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Wakefield license should have never been taken away. And so that is why I spoke about Andy Wakefield

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in that study. Even if Andy was wrong, even if it wasn't the mmr, you should have just repeated the

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study. Why did you pressure the Lancet to withdraw that article when they did nothing wrong

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according to the inquiry that was conducted?

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And why was o' Leary pressured like that? That I can only assume it was emanating from high

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government officials and the vaccine industry, because. And what's very tragic to me is if all of

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this turns out to be true. And essentially the theory we're discussing here is that, yeah, most kids

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tolerate the MMR just fine, but there's a small subgroup of kids who become autistic and the

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government is denying a relationship and there really isn't relationship. And those children and

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those family need to be. Families need to be compensated. On thousands of interviews of these

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parents and their children, they describe a very similar event. Many times got the vaccine that

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night, sometimes three days of incredible screaming, crying. We assume now that some sort of a brain

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swelling event, encephalitis, is causing the pain. The child's screaming, then all of a sudden after

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they come through, that they are now have diarrhea, but it's described as like a Clorox smelling

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burning burn skin on their bodies, like it's a horrific condition or incredible constipation where

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they can't go to the bathroom for weeks on end. But their whole digestive System is correct,

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wrecked. And what Andy was looking at, he was a gastroenterologist. People don't really realize

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that, like, he had done work on Crohn's disease in the gut and had even shown that he believed a

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measles alive, measles infection could lead to Crohn's disease. And so there was this hypothesis, is

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the measles vaccine maybe doing a child version of this? And so that's the investigation that he

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ended up doing. What was so fascinating about it is this was supposed to be a neurological disorder,

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but the question was, is the gut issue coming from a neurological disorder? That doesn't make any

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sense. We have no history of understanding that. Or is it this gut condition, this bowel disorder

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disease affecting the brain in some way? And I remember with Andy, the thing that really was

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shocking to me is he said the day before we would do the colonoscopies, when we clear their gut

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system out, like any of us would do, you take the stuff that just makes sure that you're so clear

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the cameras can see what they're doing. He said the autism mannerisms would disappear.

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Hi, everyone. I'm so excited to have a dear friend of mine, Marcus Blacksell, joining us here today.

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Mark is the CFO of Vibrant Technologies Incorporated, an IT reseller and the Holland Clinic center,

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an autism treatment provider. In addition, he is co founder of XLP Capital, a firm founded in 2015

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and focused on technological strategy development and advanced data Analytics. Before starting XLP,

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Mr. Blacksell was co founder and managing partner partner of 3LP Advisors, a firm focused on IP

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strategy development and patent transactions. Previous to the launch of 3LP in 2008, he was a 25

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year veteran of the Boston Consulting Group, where as senior vice president and partner, he headed

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the firm's strategy practice. Mark is also the father of a daughter diagnosed with autism. He's

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published numerous scientific articles and co authors, authored three books on autism and related

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issues. He earned an MBA with distinctions from Harvard Business School and an AB from Princeton

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University, where he graduated summa cum laude and Phi Beta Kappa. Mark, thanks so much for being

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here with us today. Happy to join you, Lynn. So, you know, I'm. Where to start? We've been where to

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start. I know,

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25 years. Yeah, but you know, this event is, you know, about basically the 25th anniversary of the

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Simpson Wood meeting here in Atlanta, Georgia. And I know you are very much involved in that. So

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that's mainly what I want to talk to you about today. And some of the things that came as an outcome

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from that meeting. So if you could please share with us briefly how you first became involved.

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Involved in investigating the use of thimerosal in vaccines and what your thoughts were after

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reading the transcribed minutes to the Simpsonwood meeting. Well, and like all of us, you know, I

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got thrown into this by having a child diagnosed with autism, you know, and she. My youngest

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daughter, Michaela, she's now 29. She was diagnosed in 1998,

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in September of 1998, with autism, which was just

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terrible event in our family's life and history. And immediately thereafter, I kind of jumped in to

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try to figure out what was going on, what I could do to help her. And

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long story short, because it is a long story short, you know, I just got

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fascinated by both. There were sort of things to do to help her, and the phenomenon of the autism

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epidemic, which was really just coming to the fore in the late 90s. And the numbers were starting to

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go up, and there was a great deal of denial in the medical and scientific community that there was

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anything going on at all. And. And that denial remains today. But there were a lot of theories about

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why the rates could be going up so fast. And one of them was one that you were instrumental in

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spearheading, which was the connection between thimerosal and mercury in vaccines

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and the increase in autism. And I got really interested in that theory in hypothesis, and got

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involved with the organization that you were involved in starting, you know, Safe Minds. And so a

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lot of a group of us were active in researching and sponsoring research and

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doing FOIA requests for the government and interpreting original documents. And there was just such

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a treasure trove of material, material. And I got very involved in that and wrote about it and

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analyzed it. And just. It was astonishing to me that there could be that much bad conduct in our

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leading institutions of science and medicine. And so one of the things that got me involved, you

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know,

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connected to Simpsonwood, is I did a little model. Here's the rate of increase in autism based on

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some of the numbers coming out of California. Here's the increase in exposures of young children to

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thimerosal over time by birth cohort. And the two lines were on top of each other. As you'll

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remember, there was an Institute of Medicine meeting in. In Cambridge, right. You know, a few blocks

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from my house in 2001, where, because safe Minds had been active and in kind of exploring the theory

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of the connection between mercury and autism, I got a small, short slot and actually presented to

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the group and kind of raised that theory and. And Then there was a whole bunch of things that came

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after, including the government kind of freaking out and the CDC kind of freaking out about maybe

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there was an issue there. And one of the things that happened after that was a meeting at

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Simpsonwood that was what, June of 2000. Lyn, I guess it's not after. So it was before. It was

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before the Iowa meeting, 2000. And so what it showed, what the transcript showed, was that they were

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all very worried about the thimerosal connection. And in fact, they had had a CDC analyst named

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Thomas Verstratin conduct you know, an investigation into the links between thimerosal and other

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neurodevelopmental disorders. And he had found a of bunch, a bunch of statistical links. And so that

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time, that Simpsonwood meeting, which preceded the IOM by, you know, a year or so, I guess showed

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how concerned they were. And I guess reading it, you could, you can see the concern, but you can

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also see

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just bad ethical practice. And, you know, and, and if as a parent, I read it and I said, you know,

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if these are the people that are in charge of the health and safety of our kids, this is not the way

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it should go. This is not the way they should talk. This is not the way they should consider

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evidence, and it's really not good practice. And I was, in a word, appalled by what, what I read.

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Yeah. So you went and did a sort of a deep dive into the whole governance issue with Simpson. What

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that was really a fascinating document. Mark, talk a little bit about, about that document and what

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your conclusions were. Well, at the time, I was in management consulting and I worked with large

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corporations. And one of the topics that you described discuss when you're involved in large

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organizations is the notion of governance. You know, you have boards of directors, you have

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executive committees, you have ethical standards, you have things that you file with the government

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and you have financial statements and there are standards for conduct and ethics and manage

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management theorists and business school people and management consultants talk about that stuff.

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And so reading the transcript, you know, it was an example of bad governance. You had, you had

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conflict of interest. You had, you know, this. And I guess it's not a bad thing to talk to suppliers

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and manufacturers of products that are manufacturing, be implicated in concerns over damage. But

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it's not a good idea to have private meetings with the senior managers of the CDC of the FDA of

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organizations and have

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the company that might be liable for some of the injuries involved in these secret meetings. And it

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was,

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long story short, I think the worst part of the meeting was they had this analysis. They had

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followed a protocol that had come from the cdc. And when you have a study design, you follow the

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study design and then you should respect the results. What they did was they took the results of

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actually a second iteration of study design. The first one was worse, but you didn't know that

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listening to the conversation. They took an iteration of the study design and then they had

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statisticians try to pick it apart and say, how can we make all the troubling findings go away?

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Which is just not ethical.

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And then you had some people saying, well, we shouldn't have done this at all because we knew we

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might have found a bad result and why did we do it? Well, of course you should do it. If there's a

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bad result of children are being injured by a toxic, heavy metal, of course you should find out, and

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of course you should take it away. And of course you should make the products more safe. But that's

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not the way these people were thinking. And it was stunning, the fact that the disregard some of our

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leaders of public health and safety. Safety had for the health of children.

Absolutely. Mark, talk a

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little bit about when Safe Minds got this treasure trove of data. It included several different

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iterations of this study protocol that they. All the time, they would look at the results and then

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go back to the study protocol to figure out how they were going to change it or pull out clinics or

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this or that to right those pesky signals of harm go away. Talk a little bit about. And we will have

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also these documents available for everybody listening to this to be able to actually see for

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themselves what the data was saying at the time that they were worried about. So talk a little

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bit about the. The four different versions of. Yeah, well, as a, you know, as a consultant, as a

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management consultant, one of the things I would do, do in my day job was to take apart analyses and

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look at what teams had done and look at, you know, usually business and economic analysis and say,

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you know, did you do it right? You know, could we improve the analysis? I managed teams of analysts

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all the time. And so it was fascinating to have all of these FOIA documents and also. Which

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reflected some of the internal analytics and conversations and then also some of the public

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information. So there were this study, and the CDC basically launched a study on the connection

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between thimerosal and developmental disorders, including autism. And what we learned in the FOIA

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documents was that they went through many iterations of the study. There were ultimately five in the

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first documents we had. We Thought there were four, which was, you know, a top secret internal one

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Gener. We call that Generation one. The document that they shared in Simpsonwood in June of 2000,

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which we call Generation 2. The document they shared at the IOM meeting, a later IOM meeting in Gate

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Cambridge in 2001. Oh, I guess that was the 2001 meeting. Okay. And then the, the one that was

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eventually published in a journal, in the journal Pediatrics in 2003. And every one of those

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documents was different. And I was. And, and the worst results were in the first one, which were

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very concerning.

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And that was written like a scientific paper publishing methods and results and findings. And the

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least bad results in terms of injury, evidence of injury or harm was in the 2003 final publication,

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which basically said, there's no, there's nothing here but what they did, you know, and it was

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obvious, you know, from generation one, two, three and four, there was a progressive degradation of,

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of the signal. Any evidence of harm was diminished step by step. And so we all worked together and I

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wrote a bunch of slides just what I did for a living, you know, saying here's, here's what changed,

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and this isn't right. You know, there are problems with every step. And then, you know, a little

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while thereafter, we got another FOIA or someone dug. We figured out that we had had a worksheet

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buried in the FOIA pile that actually described an even earlier version before the Generation 1

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analysis. So with no larger numbers, we decided to call it Generation Zero

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because it was before the actual published things. And then even many years later, we learned that

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that generation zero was actually published internally within CDC as an abstract. And that one

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showed even spectacularly bad findings, that the risk of autism in the Highest exposure group versus

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zero exposure group at one month of age was 7.6 times, or in another run of the data, 11.3 times,

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which are tobacco numbers for early thimerosal exposure. So long story short, what's on the public

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record, which is a 2003 CDC paper on thimerosal and autism, says there's no link between dimerosol

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exposure and anything including autism. But what you see when you investigate the evidence,

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evidentiary record, is a, is a clear pattern of what I would call fraud because scientists were

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basically cheating to try to cover up a signal, which when they first looked at it, you know, in a,

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in a disinterested way was alarming. And so, yeah, we, we published that. We got that out of safe

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minds. And then ultimately a lot of that was published in a book that came out in 2005, evidence of

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harm, which was a New York Times bestseller. And Lyn, you were featured in that because you were one

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of the first people to actually recognize that there was, that there were potential connections. And

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then the rest of us who were involved were in the book too. So that was a very eloquent statement of

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what happened, happened. And I recommend that your audience go back and read Evidence of Our. But

03:35:46 - 03:35:53

yeah, it's all about our, you know, our activism and struggle to shine a light on scientific

03:35:53 - 03:36:01

misconduct and fraud. Absolutely. Well, talk a little bit too, because after the 2001 IOM meeting

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where they found biological plausibility, CDC sort of panicked and there were a growing number of

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parents who were claiming their children had been injured by thimerosal vaccines. They had filed

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claims in the vaccine Injury Compensation Program. And so CDC was very worried and convened a second

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IOM meeting fairly quickly after the first. The first was in 2001, this was in 2004. And they

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narrowed the focus from looking at all neurodevelopmental disorders disorders to just looking at

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autism. And they also changed the criteria for causality, which had included previously in 2001

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being biologically plausible. And now they made the criteria of biological mechanisms. And at that

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time we didn't really know the biological mechanisms. So it was a hurdle that no one could actually

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cross. But any. Anyway, I want you to talk a little bit about the CDC's conduct in terms of

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providing,

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not only convening the meeting, paying for the meeting, telling the Institute of Medicine what they

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wanted the answer to be. Exactly. We have internal minutes to their behind the door meetings as

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well. But what the studies were that CDC put forward as evidence that there was no association.

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Well, what they did, they were very disturbed, obviously by the findings of the 2001 IOM

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report. And so they slammed through a whole raft of studies on two different issues, actually. One

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was thimerosal, which we were all focused on, but also one vaccine, the MMR vaccine, which had been

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a cause of concern, concern for other reasons and from separate papers and scientific studies. So

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they launched chartered, paid for a number of studies on those two issues. One vaccine product and

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one vaccine ingredient. And they did two studies of their own. One was the Verstraten study that I

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just described. The other was, was on MMR, which was the lead author was DiStefano. So it's call it

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DeStefano at all. And that's another story of fraud where one of the, you know, the authors who, you

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know, had a conscience and some integrity. You know, expressed concerns and conversations to people

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about, you know, manipulation of data in different but kind of analogous ways where they had a study

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protocol that they then tried to hack once. Once it came up with results that were not the answer

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that they wanted. So the CDC had two studies, DiStefano and Verstratin that they. That were where

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there's demonstrable evidence of fraud and lack of scientific integrity. And they published those in

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parallel. They got some of their buddies in Denmark to publish a bunch of studies on the same topic.

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One on MMR and three on thimerosal. It was actually the same group of people. There's a little

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network of collaboration. There were co authors across all four of these studies and, and all of

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them had a connection to a vaccine company called the Statin Serum Institute which made money

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providing components for thimerosal containing vaccines. So they enlisted a commercial actor in the

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production of these products to study products for which they might be have an exposure closure. And

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lo and behold they. And they studied the same period of time, the same set of events in Denmark for

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thimerosal and they all produced the same findings. And it's a. It's complicated to get into but

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basically that's fraudulent that you know there's a scientific standard called, you know, you don't

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publish duplicative results. And so they basically published the same analysis three times and they

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came out within weeks of each other

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and all supported by this people connected to or paid by the Statin Serum Institute. One of the

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links to the Statin Serum Institute was a fellow named Paul Thorson who had his own little place to

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collect money. Then nia, the North American Neuro something or other. I forget the name.

03:41:04 - 03:41:12

And he was convicted of or Lynn, you know this better than I do. He was credibly convicted. No.

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Yeah, credibly accused. That's right. Wanted list for fraud. For fraud.

Embezzlement I think. Yeah.

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Money was. And he was connected to the CV cdc. So he was actually the link to the CDC and an

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employee of the cdc. So the CDC was linked to two demonstrably or arguably, I mean two studies where

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there's substantial evidence of fraud and covering up of harm and also linked to this kind of

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network of studies in Denmark

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mediated by most wanted embezzler and connected to a vaccine manufacturer that kind of let

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themselves off the hook in terms of any harm in terms of thimerosal. So it was. And all of this

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happened within a couple of years. These studies were all published 2002, 2003, just in time for the

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the IOM meeting in 2004 which said there's no link at all between vaccines and autism, remembering

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that we're only studying one vaccine that no one ever argued has caused the autism epidemic all by

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itself. There's just an argument about increased risk, particularly of early exposure and one

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ingredient, which

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again is

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a nasty ingredient. But they've used that collection of studies to say, oh, case is closed. No

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connection at all between vaccines and autism. And we pat the lovely parents on the head. You can go

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back out and follow our recommendations and stop complaining. So that's kind of what happened. And

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then they had this report in 2004 that basically gave the whole vaccine program, program a clean

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villa health. And it also shut down any further research into thymic cells. Exactly. And what

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fascinated me, Mark, in that report, there's also a section that says because they relied heavily on

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epidemiological data, which at face value cannot imply causal relationship, it can only show

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associations. And buried in that report, it actually says that you would not be able to detect a

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sub portion of the population that might be more vulnerable to injury. And that's what we have been

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claiming all along. So these large epidemiological studies would not be able to find those children

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who would be more vulnerable. So I'm really hoping sometime in the near future we'll be able to

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convene another Institute of Medicine review of that actual meeting because there's been so many

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findings since that time that we now know were true. One of the models that was presented showed

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neuroinflammation as a mouse model. And one of the responses from CDC is there's no evidence of

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neuroinflammation in the brains. The animal models have consistently proven Patty Harding's model.

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And now one year later, Carlos Pardo published that landmark study showing microgliosis and

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neuroinflammation and the brains of children with autism, which sort of flies in the face of what we

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were told, that it was a genetically based psychiatric disorder. So, and the numbers, the numbers

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keep going up. You know, it's, you know, we were told, and this is what I was told back in 1998,

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which just made no sense to me at the time. It's, you know, it's, it's genetic, it's all in the

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brain, it's rare, and you should just, you know, go through your grieving process and get ready to

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put your kid in an institution. That was basically the message to parents back, you know, in 1998.

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And the things that we've learned since is prove that all that's wrong. It's, it's got to be. You

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know, first of all, it's not rare. And the numbers have been exploding. Back then they would say the

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numbers are 1 in 2500, up from 1 in 10,000 maybe, but that was because they were doing a better job.

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And now the numbers, you know, the latest numbers are 1 in 36. And, you know, we're, we're waiting

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for a new report. And

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if, you know, if the past trends prove through, the numbers will still go up. So the numbers are

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going up. So it's, it's not rare. It's rare. It's. It's increasingly common and exploding, which

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means it can't be genetic because there's no such. There may be genetic vulnerabilities, but there's

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no such thing as a gene that can see an increase in two decades from 1 in 2500 to 1 in 36.

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It's in the brain. It's affecting neurodevelopment for sure, but our kids are sick in many other

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ways. There's immunological issues and digestive and gastrointestinal issues and mitochondrial

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issues. And then there's hope, you know, which is we, we can do things to treat and

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improve the life trajectory of our kids, maybe not have them fully recover, but at least we can do

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things that, you know, that can affect the biology and the mechanisms that we can increasingly

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understand to improve their prospects in life. And of course, we should be concerned about pretty

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prevention because 1 in 36 is crazy. We need to get that back down to, you know, almost nothing. I

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mean, I like to say, Lynn, that, you know, before 1930, the rate of autism in the world was

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effectively zero. That it was discovered, you know, in some kids born in the 30s. And. But for a

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long time it was really, really rare. One in 10,000, maybe a click higher, lower. And then it went

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vertical in our generation of kids, and we haven't seen the peak. And so we, we really need to

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figure out what's going on and, and find the environmental triggers which can and almost certainly

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are complex. I don't think any of us were ever claiming that there was a. It would, it would be

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wonderful and simple and easy if there were one cause, one ingredient, one product, one exposure.

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But I think everything we're learning, learning suggests that it's not simple, but it is

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environmental and there. Which I think increases the urgency and the moral imperative to do

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something. And we need to do something. Right, Absolutely, Mark. Well, thank you so much for that.

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Is there anything else you would like to share with families or our viewers today? Any words of

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wisdom to close with. The autism epidemic is, is the most urgent public health crisis of our time.

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The cost is already incalculable. I've done some analytics and published them and that was a

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controversy in itself. But if we don't do anything, it'll be \$5 trillion annually in terms of cost

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to American society. That'll break our country. We can't afford afford that. We've got to figure out

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what's going on and do something about it. Yeah, absolutely, Mark.

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Well, thank you so much for taking time today, Mark, to share this information with our audience. I

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encourage everybody, if you haven't, to also read Age of Autism, a book that Mark published. And

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also Evidence of Harm. If you would like to learn more information, all of the charts and documents,

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documents that Mark mentioned today will be available on the CHD website. Please take an

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opportunity. Don't forget denial, denial, denial, more recently published in 2017, which talks about

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the epidemic and all the efforts to try to sweep it under the rug.

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Mark, thank you so much for all you do and continue

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what you've been doing all along. And I really feel hopeful that we are getting closer to figuring

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this out and stopping the generations, generations of harm and helping to heal the children that

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have already been injured. So thank you so much. Thanks for having me, Lynn.

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And you know, the interesting thing about this is that I found out after seeing this, this is my

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grandson, that not too long ago one in 10,000 children in this country were autistic. One in 10,000.

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Now it's between one in 250 and one in 500. Congressman Smith just said we have an epidemic on our

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hands. I'm telling you, we really do have an epidemic. And in the lifespan of a child who's

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autistic, the cost is going to hit this economy to the tune of about \$5 million each. Each.

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And if one in every 250 to 500 children are autistic, we'd better darn well pretty soon find out the

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cause. And our health agencies really aren't doing much. They're appropriating very, very little

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money and research into autism. Now we have a growing body of scientists and doctors who've

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testified before my committee in the Congress that are saying that mercury is a contributing factor

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to autism and all Alzheimer's. You know, we have a growing number of people who have Alzheimer's in

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this country and they're Getting shots with mercury in them. I got a vaccination here by the doctor

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at the Capitol, and I found out he didn't know it. He's a great doctor, fine fella, but he didn't

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know there was mercury in the vaccine. How many of my colleagues got vaccines this year to protect

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themselves against the flu? Flu vaccine. If you got one, you got mercury in your. In your

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vaccination. And that's a contributing factor, according to a lot of scientists and doctors, to

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Alzheimer's and to autism kids. We need to find out why they're putting mercury in vaccines. It

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doesn't have to be in there. We have a supply of vaccines that will take care of our children across

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this country that does not contain mercury. And yet if you have three shots in one vial, they put

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mercury in as a preservative, and the mercury is very toxic and may be, and we believe it is a

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contributing factor to autism. All I can say is that the FDA and HHS and all of our health agencies

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need to get on the stick and get things like mercury and aluminum and formaldehyde out of the shots

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we're giving our children out of the shots we're giving adults. And this is a bipartisan issue. And

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Mr. Doyle, I really appreciate your giving me that minute. I just want to tell you that every

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parent, every grandparent in this country ought to be concerned about what's going into their

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children's bodies. Not too long ago, the FDA took any topical dressing you put on your skin. They

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took mercury out of them because it would leach into the skin and could cause a problem. And yet

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they still give shots to our children that contain mercury. Today, right as we speak, children are

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getting mercury injected into their bodies with vaccines. That's wrong. It should not happen. It

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should not happen. And that's why we in the the Congress ought to know everything we can about

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what's going on to our children. Our children get 26 shots by the time they go to school. Many

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contain these toxic substances. It should not happen. I personally believe that's what caused my

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grandson's autism. And I believe parents across the country feel the same way. I don't know how many

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hundreds of parents I've talked to, thousands of parents I've talked to had the same experience that

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we had in our family. Hi, everyone. I'm so excited today to be here with a longtime friend, Beth

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Clay. Beth is a former senior professional staff member who led the autism vaccine injury

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investigations for then chairman Dan Burton of the House Oversight Committee. Beth, I just really

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have to thank you for your years of being a friend to the parents of children who had vaccine

03:53:06 - 03:53:11

injuries. You are always there for us. You would always answer the phone, listen to our concerns,

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and do everything you possibly could to make sure that our lawmakers were aware of what we were

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facing. Thank you again. It's my pleasure to be here, Lyn, and it is my distinct pleasure to have

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been a part of this investigation. I was invited to join a congressional committee working from the

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National Institutes of Health. We were supposed to be focused on the role of complementary and

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alternative health in our US Health care system. And we worked on that for the entire five years I

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was there. But we quickly got involved with the vaccine injury issues, both at the subcommittee

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level and then at the full committee level level on major issues like the anthrax vaccine injury in

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our military, the hepatitis B injuries, especially in school nurses and others. And then it became

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the issue of pediatric vaccine injury, leading to neurological issues such as the autism spectrum

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disorders that we were seeing that have now become epidemic levels in the country. Yes, they

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actually absolutely have that. I can't believe it's been 25 years, years since we started. Well,

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it's 26 years now that we started the investigation in 1999, and five years on committee. Then I

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stayed involved in the consulting world and have stayed involved in a personal level because I felt

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like all the knowledge I gathered, I had a moral obligation to keep seeking the truth of what

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happened and why. And then how do we seek justice and prevent medical income injury, which is the

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key component here? How do we stop the continued cycle of medical injury in children? Yeah,

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absolutely. Beth, we'll talk a little bit about the early government reform committee hearings that

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were held on vaccine safety issues, vaccine conflicts of interest, and also focus a little bit,

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since this particular series is about Simpsonwood, the issues with thimerosal and vaccination

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vaccines. Absolutely. So when we got started, like I said, we had two subcommittees, two separate

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subcommittees that were working on various vaccine injury related issues. The anthrax vaccine issue

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was in one committee, and then the hepatitis B injuries that were taking place was another

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subcommittee. But Congressman Burton took on the issue as chairman of the full committee, and he

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said, I'm having a lot of parents reach out to me. And as he would testify, and he would speak at

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many hearings, he has two grandchildren, and both of them suffered serious vaccine injuries getting

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their regular pediatric vaccines. I didn't know much about autism, except it was a disease of some

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kind that affected a lot of kids and some adults until it happened to my grandson

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one day. He was normal, starting to talk, walking, great, great kid. And he got nine shots in one

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day. Nine shots in one day. Many of the shots he received had mercury in them.

Most people don't

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know that when their kids are vaccinated, many of the shots they get have thimerosal in them. It's

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mercury. And mercury is a toxic substance that hurts people, especially children.

And it builds up

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in your system as you get more and more of it. Anyhow, within just a couple of days after getting

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nine shots in one day, the MMR shot, which has been referred to by Mr. Doyle, and many shots,

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including mercury, he started flapping his arms, running around, banging his head against the wall.

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He had obstructions in his bowel, had chronic diarrhea, walked around on his toes, and he hasn't

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been normal since. And so we began looking and, you know, reached out. We had, you know, safe

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material minds reached out with an amazing paper comparing the symptoms of autism to the symptoms of

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mercury injury. We heard from parents from all around the country and other organizations. Barbara

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Fisher was an amazing resource and her foundation. We started having hearings. We brought in a

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series of parents and experts. We brought in the fda, we brought in the cdc and we heard expert

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testimony. And it quickly. And at the same time, the NIH conducted a meeting. And I'll never forget,

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it was supposed to be a meeting where they're supposed to be listening to the parents. And what it

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ended up being is they wanted to teach Autism 101 to the parents who could have run circles around

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them about the science of autism and what the needs, the health care and the research needs were.

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And then, then the issue of the thithmerosal, the mercury based preservative that was in vaccines.

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And as a part of my work in investigating, one of the things I would do is drill down into the

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websites of the agencies. The FDA had on its website at the time this innocuous slide from a

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presentation where it was comparing the levels of mercury in the children's vaccine schedule. And

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what had happened that led to that slide was the National Academy of Sciences had been requested by

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the EPA to do a comparison of the federal levels of

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safety standards for methylmercury. Because the FDA had a standard, the EPA had a standard, two or

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three other federal agencies had different standards, and they all disagreed with each other.

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And so the EPA wanted to know which, which science standard was correct. It turned out that the EPA

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standard, which was a lower threshold for injury than the FDA standard, was actually Scientifically

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valid. And so the fda, somebody on FDA staff just said, oh my gosh, we've got to look at this. And

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they said, but wait a minute. We have this other type of mercury in vaccines, and we're giving these

03:59:08 - 03:59:14

to children. And they ran this, they put this slide together and said, we're giving children. If

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ethyl mercury and methylmercury are the same, then we have overdosed children and put them at risk

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for injury. And as you know, Lynn, mercury had three organs, primarily the kidney, the heart, and

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the brain. So we were putting people at risk for high levels of exposure to mercury and the kidneys,

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the heart and the brain. And for children, the brain is the most vulnerable. We also have epidemic

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levels of cardiac disease and kidney disease in this country, country. And we do not know if there's

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a role of mercury exposure in those conditions. So that's one of the side effects sidebar issues. So

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that's where this all began, asking those questions about mercury. The same way that Safe Minds you

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and Sally Bernard and others were looking at and doing that first study that was published or that

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first literature review that was published.

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What was frustrating is we expect our federal authorities to come to Congress and tell the the

04:00:08 - 04:00:16

truth. We expect them to do good science, and we expect the researchers that are brought in as

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advisors to be unconflicted and to be honest. What we found was completely the opposite. We found a

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lot of conflicts of interest that were

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participating, that leaned people to not being able to give an honest scientific answer. And we

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found corruption within the process. That, to me, when you look at, at the simpsonwood meeting that

04:00:39 - 04:00:43

took place, which was a. What was the term they used? Individual

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group analysis of the, of the study that Tom Verstratten had done. So you basically brought a group

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of people of 50 people came together that included CDC, FDA advisory committee members, members from

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five pharmaceutical associate companies,

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and from academics who were affiliated with the government through their academic appointments. So

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you had all of these groups come together. What was left out? Barbara Loe Fisher's organization was

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excluded. Congress was not invited. The parent organizations were not invited at all. So they did

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this review of this initial study and talked about it for two days. But then they excluded people.

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And you basically, when you put a group of 50 people in a room and you're asking them to give their

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honest opinion,

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are they really going to, are they going to join in and meet each other? Because here you've got the

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people who give your academic institution grant funds. Is that guy really going to be completely

04:01:49 - 04:01:54

honest? If he disagrees with you. If he's worried that you might not write that \$10 million check

04:01:54 - 04:01:59

for the next clinical trial he wants to run. You know, I don't know. That kind of group

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collaboration to me is not common. I've only seen it in two places. This incidence and then the

04:02:08 - 04:02:13

instance of looking at the COVID vaccine. The only two times I have seen this type of method used.

04:02:15 - 04:02:21

Absolutely, Beth. And the advisors there were actually going back and with their recommendations to

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asap. It was part of a thimerisal work group which having that meeting behind closed doors, not

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inviting the public, is actually a violation of Federal Advisory Committee. As an expert in advisory

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committees because I served, I was a committee management officer at the nih. So I was trained in

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what the rules of the Federal Advisory Committee act are and what the rules of conflict of interest

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are. And they absolutely used a workaround which I would say is ethically, if not outright illegal.

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It certainly is ethically questionable to skirt the rules of the Federal Advisory Committee not to

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do a federal announcement, an announcement in the Federal Register. So when you don't announce a

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meeting in the Federal Register, you're in violation of the faca, which is the Federal Advisory

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Committee's act. And so they had a meeting, they violated that act. Doing it in closed door session

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meant they were up to something and they did not want to have an honest dialogue by having it that

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process. Plus when they came to Congress, they just mentioned the next, like the next week or within

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the next month. We had a hearing and they just mentioned this meeting in passing as if it was no big

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deal. And they didn't bring the report, they didn't bring the transcript, they just mentioned it in

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passing, which is crazy because this was a major study that was done, you know, that's giving us the

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answers that we needed. And they actually, as you have talked about and you have published about

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that very first analysis was all we need need it that first the zero, you know, the zero exposure.

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That slide tells it all. They didn't have to go do all this other stuff to pollute that and wash

04:03:54 - 04:03:59

that data out, but they did because they didn't want to come to Congress and say, yeah, we found a

04:03:59 - 04:04:06

problem. Yeah, exactly Beth. The same thing with us. We had met with CDC two weeks after the Simpson

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Wood meeting and they never mentioned anything to us about the findings they had. They told us they

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had looked at it and there was no evidence of harm, which we hear all the time. Time. Well, you

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know, it's interesting, the staff at the CDC and the FDA and across the federal agencies in the, you

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know, the deep state of public health, basically you have industry and academia and government all

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working together towards a common goal. And that common goal for this issue is to protect vaccines.

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And vaccine policy that becomes cult like religion, where you must protect the vaccine no matter

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what harm is concerned being done. And you know, when they said no evidence of harm, which obviously

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makes me think of David Kirby in the book that you are Also a major part of the premise is that

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mercury used in vaccines as a preservative may have harmed a whole generation of American children

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or a subset of them with autism, adhd, ADD and other disorders. And it's the story of a small group

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of parents who first encountered this when the government announced the children were receiving

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mercury in their vaccines and started to put the dots together and they came to the conclusion that

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it was a contributing factor in the disorder and sort of took that and confronted the government and

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confronted the pharmaceutical industry with it and are still to this day fighting to prove this

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theory one way or the other. Which kind of vaccines? These came in childhood vaccines in the 90s,

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right up until about 2002, 2003, namely the hepatitis B vaccine, DTAP and Hib Homophilus influenza

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B. And of course today, now it's in the flu shot which we're giving to children. Even though we've

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removed mercury from all the other vaccines, we've added flu shot containing mercury onto the

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schedule. And that's highly controversial. The issue is they weren't being honest. They were not

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being honest with the public, they were not being honest with the Congress, they were not being

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honest with themselves. In a way, we have so much corruption that has taken place in the last 25

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years. And looking at this issue we have between Paul Thorson and Colleen Boyle and Diana Shandell

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and all of these individuals who corrupted the scientific process, who covered up data. I wonder if

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the CDC has conducted or facilitated a study comparing vaccinated children with unvaccinated

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children yet. Have you done that? We have actually done a number of studies looking at the

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relationship between thimerosal vaccines and autism and other developmental disabilities. Vaccines

04:06:40 - 04:06:46

and their components did not increase the risk for autism. My time's very limited here. So clearly,

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definitely, unequivocally, you have studied vaccinated versus unvaccinated. We have not studied

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vaccinated versus unvaccinated.

04:06:58 - 04:07:02

Nevermind, just stop there. That was the meaning of my question. You wasted two minutes of my time.

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Tom Verstraten, who, when he was who was under oath to Congress, magically couldn't remember

04:07:08 - 04:07:14

anything about what he did when he worked for the CDC and was doing the study. But we also know, and

04:07:14 - 04:07:19

I always, I laugh and say when I've asked now that I, you know, in the hundreds of thousands of

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pages of internal messages and emails, emails and reports and research, both in their draft form and

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their final form, when looking at all these issues, I have forgotten more than most people will ever

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read about vaccine safety and vaccine injury and the link between autism and these issues. The

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reality is they knew from day one the vaccines and autism were linked because they had already been

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paying in the vaccine injury compensation program. They had already ruled numerous times that

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vaccines were linked to the symptoms of autism or autism because of the brain injury that was taking

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place. So, you know, we were lied to the entire time. When we had the special masters come before

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the court and other people from the federal Court of Claims talking about the vaccine injury

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compensation program, not a single person within that process said, oh, yeah, yeah, we've

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compensated cases. But what Mary Holland and others uncovered in the paper that was published in the

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PACE Law Review on the unanswered questions is over two dozen times they had compensated cases from

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the very beginning. That only became knowledge when it was the major case that was pulled out of the

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autism omnibus proceedings. That proceeding should never have taken place. We already had evidence

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to show the injury took place. Those children, those injuries should have been on the table of

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injuries, and those families should have been compensated. You look back at Simpson woods and you

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see the doctor who said, well, I've just had a grandchild born, and they're not getting at the

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Marisol preserved vaccine because he saw the science and he said, I'm not putting my child or my

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grandchild at risk. The data was there. Yeah. And those early cases, Beth, what's interesting too,

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when the, when the program first started, those cases were compensated for encephalitis. But what

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they left out of that is that encephalitis resulted in autism spectrum disorder. And so that's why

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they'll say, you know, we've never compensated a case of autism. Well, absolutely you did, because

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it was just too early for them to have been diagnosed with autism. Yet when they first experienced

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that encephalopathy, which oftentimes was an immune encephalopathy directly from the vaccines, the

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subsequent outcome of that neurodevelopmentally was autism. And it's the same with, you know,

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Hannah, Pauline's mitochondrial, what they call mitochondrial meltdown after vaccines Talk a little

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bit, Beth, Briefly, just about the report, the actual report after your series of hearings looking

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specifically at diversity vaccines that was issued by the Government Reform Committee. And what year

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was that? Was that 2004 that that report came out, or was it early? It came out in 2003, the fall of

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2003. We were, you know, we had been. I'd been on the committee since the fall of 1998, and then

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chairman Burton was term limited, so we went into a subcommittee for Human Rights and Wellness where

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we've technically finished the report at that point. Point. And then I had, after the report was

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finished and it was being issued that I resigned to actually get a life back because for five years

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I'd never taken a vacation or anything. But we issued a staff report which is Mercury in Medicine.

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And we did an analysis of what we learned from doing numerous subpoenas to Eli Lilly, to other

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pharmaceutical companies, reviewing the science in all of the hearings. And we did confirm that

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mercury can cause brain injury. We did confirm that there is a link from our opinion between the

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thimerosal exposures and infant vaccines and neurological injury, which can be a part of the autism

04:11:16 - 04:11:22

epidemic, and made recommendations for more research and for policy changes where the immediate

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removal of some from infant vaccines was one of the first things we called for. From the very

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beginning. Chairman Burton asked for mercury to be removed from the vaccines. And it was

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interesting. Initially the American Academy of Pediatrics had called for that. And then when

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Congress got involved, they backtracked. And as you know, and as has been discussed, it's out of

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most infant vaccines, but it remains in the flu shots, those that are multidisciplinary. And then

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that is given, one to pregnant women, which puts that unborn child at risk, and two is given to

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children as young as six months of age, which is. It is barbaric. 100 years from now, we're going to

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look back and say, what were they thinking? Because science is so clear on the risk of injury to the

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developing brain. And for anybody to stand up and say there is no link between brain injury that can

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result in. Result in autism

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and the exposure to mercury,

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it is unethical to make that connection and to make that claim because the science is very clear.

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You look at the Burbacher study, that was supposed to be. It was the first of two studies, and they

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didn't fund the second study, but he showed the injury, the science was clear on the monkey study,

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that the brain is injured and that the Marisol stays in the brain long and has the potential of

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doing more harm. So the science was clear that we have, but the agencies have been unwilling to be

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fully transparent and honest. I'm so thrilled that 25 years later we have a Secretary of Health and

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Human Services who is going to be transparent and honest about what exists in those files. I can't

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wait for everything to be pulled out and published for the whole world to see.

Because how many

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freedom, I mean, I can't tell you how many thousands of my own dollars I spent on Freedom of

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Information act requests to the CDC and to other federal agencies, because when I left the Hill, I

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felt like I had to continue looking for the truth because it was there. I knew from what I had

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already seen there was evidence that there were issues, but things were continuing to happen that

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needed to be looked for. And I now know, 20 years later, later, that Congress wasn't being told the

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truth. The agencies were hiding stuff and they weren't bringing us information they should have. And

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that is starting to come out. Beth, I'm so excited to hear that. Talk a little bit about what

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happened with Homeland Security. Book WRITER

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well, you know, this was one of those times, you know, the sausage making of bill devoted

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development. We had a bill, they were trying to keep the government open. So they've been doing

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omnibus bills. It seems like Congress can't get back into a regular order. So they had this big bill

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that needed to pass before the first of the year, trying to get it done so they could all go home on

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Christmas break. And the Eli Lilly writer was slipped in in the dark of night, basically, when the

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Department of House Homeland Security was being created, the House Oversight Committee, Chairman

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Burton's committee was the committee that did the initial was one of the committees that did the

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organizing work on putting this new government entity together. So he should have been informed when

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anything was added to the bill. But in the middle of the night, this provision is slipped in that

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gives total liability protection to Eli Lilly, who is the manufacturer of the Marisol. We're in the

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final throws. We get a copy of the final bid. My chief of staff says, you know, read, you know,

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here. He emails it, he says, read through it, see if there's anything in here. And so I'm doing a

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word search, I'm looking for everything, and I find the provision that says total liability

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protection. There's a procedure when you want to reach the chairman of the committee, you call his

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office, you speak to his scheduler, you get through to him. And so I went through the office and was

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trying to reach him, he was in a meeting. Meeting. He didn't pick up his phone, you know, for, for

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his scheduler to reach him to say there's a problem. So he did not hear until after the vote, until

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after the committee had moved or the, the, the bill was moving forward, that, that this had taken

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place.

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And so it was passed and he objected. And he and Dick Harmony almost got into a fistfight. I mean,

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he really, when he learned about this, it was very controversial. He was holding up the bill being

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finalized because when you go through the conference process, you have to come back to the, to the

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Hill. You have to come back to the floor for the final vote. He was objecting, trying to do

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everything he could to get this pulled out. He finally agreed. 1. It was. Where did this come from?

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You know, supposedly it came from the White House Dick army, who

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said that he had put. He finally said it was me. I did it.

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And so the agreement finally was, if you let this pass on the first bill and the new session,

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we will repeal the Lilly rider. Made the New York Times. It was big news because at that point

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people are beginning to say, oh, there really must be something to this issue if it's this

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controversial, that you're trying to protect the company. Company. And remember, Eli Lilly is the

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largest employer, was a large employer in Chairman Burton's district. So, you know, his voters were

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Eli Lilly employee employees, many of them. So it was affected his. His own district. But he was.

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And we were clear. I asked him, I said, you know what, when, if we find something, he's like, we're

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going for the truth and the truth is what matters. So he didn't, you know, for him, he was making

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the decision, making what was right for getting to the truth, not that the fact that it could cost

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him his seat in Congress at some point.

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So he went through, he made an impassioned speech on the floor. And at the first, we had actually

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had an amazing rally

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outside the Senate in that January when we came back from after Christmas, that's where we met David

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Kirby for the first time time. And he saw the speeches that were given.

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The autism community is so amazing. They laid out all these chairs and they had all these children's

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pictures of children who didn't have a voice because of the vaccine injury. And I have amazing

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pictures from that, that it was the, you know, hear their silence because these children didn't get

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a voice. When Congress said, we're going to provide liability protection against a major company for

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putting a mercury preservative out in the marketplace that they did not have evidence to prove its

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safety. And that's the strange thing here in the way that products were approved in the 1920s and

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1930s, that they didn't have safety evidence to show that injecting this product in the human body

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didn't cause harm. They administered it to people who were already dying in the pre antibiotic era

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who had an infectious disease. And so they said, well, they're going to die anyway, let's try this.

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And so they didn't really have actually peer reviewed data to show that the product was safe. It

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just got introduced into the marketplace. All of us heard methiolates rubbed on every cut and sore

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we had when we were kids and until FDA actually looked at it in the 1980s, 80s to say, well, where's

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the safety data on this mercury product because mercury is dangerous, that Eli Lilly just said, oh,

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we're going to pull it from the marketplace because we don't have any data that we're going to show

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you. Yeah, it was, it was very much a debacle. And the whole reason that writer came about, Beth, is

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because as you know, there's a very short statute of limitations in the vaccine injury compensation

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program. And these families didn't even know at the time that the vaccines contained mercury,

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nor did the doctors who were administering the vaccine. So by the time the associations were made

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with their children's autism, they were outside of that statute of limitations. And since Eli Lilly

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was not a vaccine manufacturer, they just made a product that went into the vaccine, they were

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actually able to be sued. And that's what started the big brouhaha, is because they wanted to close

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that loophole hold that these families had found in the vaccine injury compensation program that

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would then protect Eli Lilly. And there were a lot of connections at the time between the Bush

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administration and people who were on Eli Lilly's board of directors. And so, you know, it was one

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of those things that was so egregious, so egregious at the time. And every administration there's a

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body of incestuous relationships between industry and government. Government, it's like I said, it's

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that deep state that happens within public health, but it also happens in the military industrial

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complex and everywhere else. There is this relationship between government and corporations and

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there could be a positive relationship, but when it controls the outcome of the decision making that

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puts the public at harm, then it's wrong. That's where this decision with the lily rider was, that

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it was protecting a big donor pool. Realistically, A big donor pool for political gain. And it's

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political gain on all sides of the aisle. The Democrats, Republicans, the independents, they all

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take pharma money.

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And so that's the hard part here is that the parents can't compete with big pharma's money. I mean,

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they put more money into politics than any other industry, including the military industrial

04:21:21 - 04:21:27

industrial complex and the oil industry. They are the biggest donors. They have the largest number

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of lobbyists on Capitol Hill. And that's consistently over the last 25 years. Yeah, absolutely. And

04:21:35 - 04:21:42

you know, even though that rider was taken out, it was successful because it did transfer all Those

04:21:42 - 04:21:50

cases, those 5,000 families over into the autism omnibus proceedings. So they never got their day in

04:21:50 - 04:21:55

real court. But I also, I know we're starting to run short of time. I wanted to have you talk a

04:21:55 - 04:22:02

little bit about some of the conflicts that we discovered and that you did an extensive reporting on

04:22:02 - 04:22:13

regarding CDC and some of the epidemiological studies that they funded in Denmark and how those

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studies impacted the 2004 IOM report and what we discovered about those studies. So the first thing

04:22:21 - 04:22:27

we looked at conflicts of interest. And in our staff report on this that we identified, because we

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talked to the cdc, we're like, you guys have waivers for everybody and their response. Now, as a

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person who did review of conflicts of interest for federal advisory committees, you're supposed to

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give a waiver to somebody who is like the only person in the world who, who is an expert in that

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field. And so the waiver is limited. And so that person is not supposed to be involved in the

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decision making. They're supposed to leave the room, not have a say. And the CDC's response was, oh,

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we give everybody a waiver whether they need it or not. And we do it every year. We just grant

04:22:59 - 04:23:06

everybody a waiver. So they didn't take seriously the importance of conflicts of interest. And how

04:23:06 - 04:23:13

if somebody is in an academic position, but that position is, for instance, a chair funded by Merck

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and they might hold a patent for a vaccine related product dealing with from Merck, then they

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shouldn't be on an advisory committee dealing with making decisions that affect Merck because they

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have a true conflict of interest that cannot be waived because it affects their finances. So money

04:23:33 - 04:23:40

is a. You can't divide. This is how I make my living. This is how I take care of my family from the.

04:23:40 - 04:23:45

I'm going to make a recommendation to or not to accept this product into the vaccine schedule or to

04:23:45 - 04:23:51

have it approved because the people who fund me who pay my salary might be upset if I said no, if

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the science said no, I can't be unconflicted there. Or if somebody is completely reliant on a single

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source government funding, how can they be

04:24:05 - 04:24:12

expected to give a true unbiased opinion? So the FDA and the CDC were found to be lacking in how

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they managed the advisory committees that make decisions related to vaccines. And when it gets into

04:24:18 - 04:24:26

the studies, for instance conducted by cdc, over the years we have learned that one, the studies

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were either. Some of the studies that were done were poorly done. The Picotero study, the mercury

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and the, the diaper study, the open ended study for instance, was probably the worst example of how

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to do science and measuring mercury exposure. The baby diaper study, when you go to the pediatrician

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and you have to change the diaper or whatever, that's how they were studying science. That so called

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science of an uncontrolled study of whether a baby pooped out the mercury in their diaper or not.

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That was one of those things that are like

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this is how the government's studying whether or not mercury causes an injury or not or how long it

04:25:05 - 04:25:13

stays in the body. It was just crazy. But the CDC studies, the stuff done by Paul Thorson who was

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basically handed the keys to the kingdom in Denmark, he was a government contractor, we now know who

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was having a relationship with his grant manager or his contract contract manager

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was given funding and giving access in Denmark to the entire database on autism, which he illegally

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took away. The rules and the laws in Denmark, you can't take the database out and mess with it. It's

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supposed to stay housed where it resided. But he actually pulled the autism data out and for over a

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year was the only person that, that had access to it. We now know he was stealing money from the

04:25:54 - 04:26:00

autism grant, at least a million dollars. And who's to say if you're going to go through this

04:26:00 - 04:26:07

complex invoicing, false invoicing system to get money illegally from, to steal money from the US

04:26:07 - 04:26:12

government, who's to say you're not going to manipulate the data? Because if you're unethical on the

04:26:12 - 04:26:17

right, how are you going to be ethical on the left with the scientific data? So anything here he

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touched should have been retracted. Instead it has been used to say no autism vaccine connection.

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Therefore we're not going to take care of these families who were promised that if their child was

04:26:28 - 04:26:33

injured taking a vaccine that they would be compensated in this compensation program. Instead, the

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CDC has yet today, 20 plus years later, they have yet to retract those studies. I am actually going

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to call today on Secretary of Health Kennedy to say in this video, please retract anything that Paul

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Thorson had his hands on. Every study his name is on should be retracted and not used to support

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anything, support or reject any statement related to autism because he is a criminal who stole money

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and we have to presume was unethical, since everything that we have learned about him, even though

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he's living, you know, he's hiding in plain sight in Denmark and somehow the US Department of

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Justice has yet to extradite him since 2011 to come and face justice, his studies cannot be

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considered viable. And Colleen Boyle and others went to Denmark when this all blew up. And we found

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out that they borrowed an IRB approval for one of Diane Shindell's studies, which remains out there

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as a legitimate study. She did not have. Have Institutional Review board approval to conduct the

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study. She did the study, it was being published. And they said, oh, my gosh, we broke the law. We

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broke federal law. So let's borrow a study from another autism researcher in Denmark and add it to

04:27:55 - 04:28:01

this study so she can publish. This is the corruption that was happening behind the scenes, which is

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what happens when you do FOIA review request and get the emails and the communications and the

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reports that go back. These are the things happening that Congress never heard about

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and still hasn't. But that's what, thankfully, Safe Minds first report, and then the World Mercury

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Project, chd, Children's Health Defense,

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having me work with them at the time and gathering the information and preparing a report that was

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in the published. This is the stuff that came out that we have data, it's evidence. The things that

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happened at the National Academy of Sciences, where we subpoenaed the tape because they didn't have

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a transcript where they talked about Andy Wakefield's work. They actually blanked the tape instead

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of. They were supposed to be copying it, they erased it. So we never got the tape.

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All these things happen behind the scenes, and there's so many layers of. When you try to explain it

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to people, they're like, this many things happened. You know, there's hundreds of things like this

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that happened over the last 25 years that people, they, at some point, they're like, you can't be

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telling the truth, but I am.

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You can't make it up. It's, it's, it's stranger. This. This truth is much stranger than any fiction

04:29:20 - 04:29:26

I could ever write. Well, Beth, these documents we're hoping now will finally start seeing the light

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of day, your report will be profiled where people can go when they watch this video and read the

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actual report. They can see the most wanted picture from the Department of justice for Mr. Thorson,

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possibly help us get extradition of him back to this country. And what's interesting, Beth, with

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regard to Mr. Thornton Force and having that data, Safe Minds did a deep dive into the Denmark

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psychiatric registry. And what we found is that there were a lot of cases removed from that

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registry. They were older children and these children were followed over time. So for example, if

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you look at children born maybe in the 1980s and there were a hundred of them, when you looked at

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the data in the 1990s, there should be 110 year old year olds and there weren't. There was only like

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half the amount of what would have been expected. And it was too much of a change to have been

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related to them moving out of the country or anything like that. So we still do not have those

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questions answered about that database. And that's what happened when he took it. You know, one has

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to presume that he was eliminating data so that he could get the answers that the government was

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paying for. And that's how one has to look at this. This was a man who was willing to be corrupt to

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get money. So what is he going to think about how can I keep that money train coming? By giving the

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US Government, the cdc, the answers they want. And that's how we have to look at this. He was

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willing to break Danish law and overpay people from the grant money that was coming in. So he was

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paying people more than they were legally allowed to receive and then lie about it on their taxes,

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which he got caught doing. And then he was, you know, submitting false invoices to the CDC for grant

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money. And then his lover, Dr. Diana Shindell, who is back in the U.S. government, us getting NIH

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grant money to conduct autism research, even though she broke federal law previously, on numerous

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occasions, has never faced Judge justice

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is pushing to get him money on numerous emails where she's like doing things that she really

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shouldn't be doing as a grant manager to say, oh, he needs to get this and he needs to get it right

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now and he needs this extra money to do this. And now we know that he was behind the scenes pushing

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her to get him money because that's what he was after, was the money. Yeah, and at the time, Beth,

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we thought we were somewhat naive because. Because Safe Minds thought, boy, those Danish people are

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sort of poor record keepers. And Then when this came out about Thorson, we started scratching our

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heads like maybe something happened to that data. And I was, I am presuming that he. I'm praying

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that somewhere there's a backup of that database that hasn't been found yet, somewhere stored on a

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server somewhere in Denmark is the data before he pulls it out. And, you know, maybe the request

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back to the Danish government is to find that database that's backed up somewhere because everybody

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backs up everything, you know, regularly. So somewhere that 1980s data should be available.

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Yes, very true. Well, Beth, thank you so much for your time today and sharing with everybody some of

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the things, the history, because we really have to understand the history of what's happened with

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vaccine safety or over the last two decades if we're going to make, if we're going to be able to

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improve it appropriately, to expose these shortcomings and figure out ways how we can prevent them

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from ever happening again and restoring health to our children. And some type of apology to the

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families whose children

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were injured by this. Well, the reality is this is the greatest tragedy and public health since

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Tuskegee. And it has been a giant experiment on how do you give vaccines to children and to the

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unborn that contain a known neurotoxin. How do you account for that? And how do you not compensate

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the families, the people who were responsible for this? And I will go back to Colleen Boyle, who was

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a part of the Agent Orange issue where they, they denied the injuries happening to our Vietnam

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veterans for 10 years. They delayed justice for our Vietnam veterans. She was a part of that. She

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got promoted and got raises. These people need to be held accountable. There needs to be justice.

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There needs to be accountability. We must, for the public health. We must restore

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integrity into the research environment. We have the lowest levels of trust in the research process

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right now within the HHS environment because of what the CDC and FDA and HHS did, because of all of

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these violations of trust. So we have to work together to restore integrity and research so that we

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can become trustworthy again. So that these communities, the public, needs to know, okay, the study

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has been peer reviewed and published. It's credible that we can trust the outcomes. Because right

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now you have to look at it and see, you know, do you trust anything that comes out of the peer

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review process or not? And right now, for me, it's very hard to because of all the corruption. Yeah,

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that's. That's very true, Beth. And these families, I mean, there's nothing that really can be done

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at, at this point. I think to restore the health to a vast majority of. There's a generation of

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children. Well, there's two generations of children now that are affected because we're going back

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now 40 years of this epidemic being on the rise from the 1980s. We're now in 2025. So two

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generations of children have been affected by this corrupted scientific process. And we really have

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to find a solution so that we can turn those numbers down of the neurologically injured from

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vaccines and other products. I mean, at the end of the day, vaccines are not the only cause of

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autism, but they are certainly one of them. Yeah, absolutely. Well, thank you so much for your time

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and being here. My pleasure. Being such a soldier in this movement to expose truth and help restore

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integrity to our federal agencies. It's my pleasure. Thank you.

04:36:10 - 04:36:17

We're joined now by Terry and John Poling. Terry Poling is a registered nurse and attorney. Her

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husband, Dr. John Poling, is a board certified neurologist who has practiced with Athens

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neurological associates since 2001. He completed his neurology residency at John Hopkins Hospital

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and holds both an MD and PhD from Georgetown University School of Medicine where his doctoral

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research focused on the electrophysiology of ion channels in neural membranes. Together, they are

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the parents of Hannah Polling, whose case became nationally significant when the US Government

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conceded conceded that vaccines had significantly aggravated an underlying mitochondrial disorder,

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resulting in autism like symptoms. Their story became a focal point in the debate over vaccine

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injury and medical transparency. Thank you so much for joining us and agreeing to be a part of this

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important project. Would you mind telling us a little bit about Hannah's story? For those that are

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unfamiliar, just share briefly what happened to your daughter Hannah after her routine vaccination

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and what first raised your concerns. I actually was practicing as a lawyer at the time, but I was

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also still a nurse. And so I would write down all of her developmental milestones and I would go

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back through and check because when I was in nursing school, one of the things I Learned back in

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1984 was that autism, you were born with it and you checked your children when they were born and if

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they did not have autism, you were good to go. So that was something that relieved me. And I checked

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with all of all three of my children and we were good to go. Step back to 1998. She was born at

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Johns Hopkins. She got her hep B shot the day of birth just like everyone else. And the next month

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she went in to see her pediatrician and she had a wet umbilicus. So they used silver nitrate on it

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at the same time that she used the silver nitrate, she gave her her second hep B shot. Shot. Well,

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she had burned her abdomen with this over nitrate. The physician had. So that kind of set a stage

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for wound debridements and lots of problems with allergies.

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Just nothing developmental. Everything developmental was on track, ready to go. Actually, she was

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precocious.

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When she was about a year old, she got one of her vaccines. And it seemed to me that every single

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time she went in to get a vaccine, she came out and she had allergic rhinitis, atopic dermatitis.

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There was always a problem. So when it was time for her 15 month old vaccines, I refused to do it. I

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said, I'm going to wait, I'm going to keep her away from the doctor because every time I come here,

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you give her an antibiotic for an ear infection or her dermatitis and we get sick. So I kept her

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away for almost six months and she was doing great. So then

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one of the local schools wanted to use her. She was doing so well and she was so precocious that

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they wanted to use her as a role model for what I learned later was their autistic population at the

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school. And so one of the things that she had to do to be a role model was get up to date on our

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vaccines. So I brought her in to receive her vaccines and, and you know, I kind of felt a little

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guilty that I was behind, but they said, oh, we'll just do them all at once. We'll do all nine at

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the same time. She needs to catch up. And I said, that doesn't feel right. I don't think I should do

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that. And they said, no, we do it all the time, it's not a problem. So she got five shots, nine

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vaccines, and within a couple of days she was screaming, she started arching her back, she developed

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a fever, a rash. I took her back to the doctor. They called it a varicella reaction to the vaccine.

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And then she just deteriorated over a period of time to the point where she was not even. She wasn't

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walking up the stairs. She did not know how to feed herself anymore with her hands. She'd just look

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at her hand. She would look at the utensil in her hand. She didn't know what to do with it. She

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would come, put her head between my legs and want me to squeeze it tight. So that's where we went on

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a roll role to seeing physicians. I went to her pediatrician, I told her what was going on. They

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just ignored Me. And, you know, actually they told me that she needed Prevnar. And then I took her

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to an ent. He put tubes in her ears. I called Early Intervention in Maryland. I said, something's

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wrong with my daughter. Could you come check her? Because even though you wanted to use her as a

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role model, model, I almost feel like she has what I would call autism. But it cannot be autism

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because she didn't have it before. So they came out and evaluated her, and I'll never forget, they

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did it over a couple of days. And they said, well, Terry, you know, we can't really give the autism

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diagnosis until she's three years old and she's not even two. They don't give diagnosis. But they

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said, we cannot really label her as that until she's three. And I said, what do you mean, autism?

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And they said, well, Terry, you told us. And I was like, well, I was just using that term. I didn't

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really mean it. It was just autistic like. And that sort of set the ball rolling for me. I'm not

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waiting until she's three. She's not even two. And so at that point, I had been telling John, and he

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said, you have to wait six months after a brain injury to know for sure that it's going to be

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permanent. The six months had passed. I couldn't get in to see Dr. Zimmerman, so John had to step in

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and make things happen faster. And we, at that point, Dr. Zimmerman ordered several tests, and they

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had these little clues. And he goes, I'm not sure what this is, but we're seeing it in a lot of our

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children, and it's a mitochondrial issue, but you need to speak with Dr. Richard Kelly. And so we

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did about four hours conversation. Dr. Kelly told us everything about her mitochondrial issue. And

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he said that the gold standard for mitochondrial disease or disorder is a fresh muscle biopsy. But

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he felt completely comfortable that Hannah had mitochondrial disorder without going through all

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that. Us being medical, medical people, of course we wanted the gold standard because it was hard to

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believe that this child, who seemed perfectly normal, had a mitochondrial disorder. And we did do a

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fresh muscle biopsy in 2001, and it was positive. That was interesting because she was so. She was a

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cherub little child. She was not skinny and frail like what you would think of with mitochondrial

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disorder. But that's what got us on the road to where we are or what we did. And John could probably

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explain more of the medical aspect of that. When she got sick, she lost. She fell off curve and also

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lost motor Milestones and growth, development, everything. We, you know, yeah, she. She literally

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stopped. We did the growth chart, and she literally plateaued and did not grow. And that's

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completely abnormal. And one of the things I will say that really frustrated me when, with seeing

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the pediatricians and everybody knows this, the same story with them. And I would go in and I would

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say, the early intervention has told me that Hannah has autism like, symptoms, and, you know, I need

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to get some help with this. And they would. They just didn't say anything with that. They didn't

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know what to say. Let's talk about the medical and legal journey. You've touched on it a little bit.

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But as both medical and legal professionals, how did your backgrounds shape the way you approached

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Hannah's health crisis and ultimately pursued her case through the vaccine injury compensation

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program? Well, I can speak towards the medical

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in terms of the legal. Certainly Terry was in the driver's seat for sort of trying to figure out and

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understand the vaccine Adverse event reporting system, the vaccine injury compensation program, and

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the 1986 act that precluded any civil lawsuits for vaccine manufacturers, which we didn't really

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have any understanding of that even both being medical. Before Hannah's injury, I didn't know there

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was a vaccine for. And I knew about vaers, but I didn't really know the process involved with doing

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that. So that was really Terry's doing. I was trying to focus on trying to figure out what was wrong

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with Hannah because in. In training, autism was very rare when I. I started in medicine, started

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Medical School in 1991, when autism was still a very rare diagnosis. And as you know, even today,

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there's many that still believe that autism is not truly increasing, and it's just a change in

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diagnostic categorization. And there's many that believe that regression does not occur and it's

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just missing the developmental milestones. And I certainly wholeheartedly disagree with those

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assessments because, you know, I've seen regression happen in my daughter and the loss of

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milestones. And. And I've seen the huge numbers of children who are now adults with autism. And what

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that diagnosis is is really just a symptom. The problem of an autism diagnosis is

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it's really just an assessment of symptoms and a collection of symptoms. So it's a syndrome. It's

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not really a diagnosis. And, and what I was trying to focus early on is as a neurologist, we're

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looking for the biological basis of the disease. Where is the disease coming from? What part of the

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body is it? The whole body is it the brain, is it multifactorial or multisystemic? With autism, it's

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pretty obvious that it's different than a lot of other conditions. These children have GI issues,

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they have developmental growth issues, they. They have systemic problems. It did just make sense as

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a systemic metabolic disorder, primarily with the bioenergetics and the immune system. Whether which

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one is primary or not still remains to be determined, and a lot of research needs to be done. But to

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get back to your question, which is about the medical and the legal journey, I was focused primarily

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on that medical journey and because became

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obvious that we were going to be sort of stymied on the research, there really was not a lot of

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interest in pursuing the biological basis of autism. It was mainly focused on the genetic basis of

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autism and how genes can potentially cause this disorder. But that's really just nibbling at the

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edges. I mean, the genetic causes of autism are multiple. So it's a polygenetic influence with

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primarily, I think, more environmental triggers with multiple genes giving risk factors.

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So

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I thought that after a number of years that there would be kind of a push more towards the

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biological basins, these disorders, as there is with

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many neurological conditions. But really things have pushed in the other direction for so long.

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Really the reason that sort of gives me hope now is sort of to see that Bobby Kennedy, now being

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head of the hhs, maybe there'll be some push to get some funding towards the biological basis of

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autism and not just try to. To

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do what I call mission science, where the mission of the science of autism has been to prove that

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it's genetic and prove that it's not really increasing, as opposed to actually get to the bottom and

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figure out how to help these kids. And now these adults who are dealing with this, we really need

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some help from science and medicine. And now, now,

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you know as well, a lot of social help. But I'll let Terry talk about the legal aspects, which I.

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I'm not really involved with. So from a legal perspective, obviously once I knew that Hannah was

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injured and it was by the vaccines, and I have to have a shout out to Barbara Lou Fischer, because I

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spoke to one of the attorneys I used to work for, and I said, hannah's been injured by the vaccine.

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I don't really know which one it was because she got so many at once. And he said, well, Terry,

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there's a vaccine injury court program that you have to go through. Now, why did I not know this?

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Working as an ER nurse, an ICU nurse, and as a lawyer, why did I never even know there was such a

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thing called a vaccine injury court program. I thought that was amazing. And I also, as a nurse

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didn't know about vaers. Now I worked in the emergency room and took care of, of patients who came

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in there, especially adopted children with vaccine reactions. And I didn't know about vaers. I

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thought that was a little odd. So he told me, you have to go through the vaccine injury court

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program, so you need to get a vaccine injury court lawyer. So I did. I obtained a vaccine injury

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court lawyer. I handed over all of Hannah's documents, which was in 2000. My understanding now is

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that the DOJ did not get any of those documents until 2006, about the time that the Cedello case was

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being tried. I'm not sure why, but apparently when you're put in an autism omnibus, you just, it's a

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two page document that they send over to the DOJ and that's it. So here I thought people were

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looking at her case for years and years and years and nobody was looking at it. They didn't even

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have it. So about the time, I guess years go by and they start talking about this autism omnibus.

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And one of the lawyers said to me, they're going to test case three cases and those three cases are

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going to decide all of these other families whether or not they're going to be compensated. Kind of

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like a class action, if you will. But those usually don't go to trial. And I said, I do not want

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another child's case deciding my own child's case. She has a mitochondrial issue. It's different,

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it's unique. And we're either going to be a test case or we're going to, I want out of this omnibus.

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And so, you know, fast forward, they are settling the polling case. How can we use this for a

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different case that was not related to the omnibus? And you know, I said, well, that's good news

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that they're conceding the case.

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And it started coming out, I guess in the, on the Internet that there was a girl named Eve whose

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case was going to be conceded, conceded. And at that point the case had not been. The government had

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conceded the injury, but not the seizures, which if you know anything about seizures, was pretty

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much the whole case when it comes to damages. So I was saying this case is not over yet. They must

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concede these seizures. This is part of the whole process of the injury. So once that was conceded,

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seated, then we went public, not because we're public people, but because everybody was so

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interested in wanting to know what was going on. That was difficult because everybody had their take

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on what the problem was. And at the time, we really didn't know whether it was the Marisol or what

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it was. So we didn't want to give bad information. But what we did want the public to know was that

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Hannah's case was conceded. She has a mitochondrial issue. And we really want everybody to know

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about that because this might be, you know, a key to what's happening to these children.

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After we went public, we thought that things would really change for people and that they would

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start doing the mitochondrial research. But that has not turned out to be the case. People have been

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doing the research, but they've been blocked. Everybody's been prevented from talking. It's been

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devastating. It was devastating for us. It changed our life. It took two years from the time they

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conceded to react to the time that she actually was awarded the damages. And those two years, we. We

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were just fighting people who were just as, you know, they. They come out of the woodwork and start

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attacking you for. For, you know, having an opinion or having something to say about this issue.

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It's. It was just a difficult, difficult time.

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But that was the legal aspect of it. It is not friendly. We were not welcome onto, you know, any of

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the calls. They would have multiple calls between the lawyers about, you know, our case. And I was

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not in on any of that. These calls and that, and I'm a lawyer, and that was ridiculous. So I just

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had to rely on what they said they were saying. And I would ask for the transcripts, but I never got

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them.

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So I did a lot of research in the background, trying to stay abreast of everything that was

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happening. And I definitely, you know, rendered my opinion about how things should go forward.

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But it's not for the faint of heart.

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Dr. Pulling, you've spoken publicly about the relationship between mitochondrial dysfunction and

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regressive autism. Could you explain that connection and whether the medical community has made any

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progress on this front since Hannah's case? Well, it's been now

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getting on close to 25 years since Hannah's

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injury, since beginning this medical and legal journey.

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In terms of the mitochondrial connection, I think it's been found that it's a pre existing issue

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with a lot of kids may have a risk, risk factor for responding poorly to environmental insults. As

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to the biochemical abnormality, there's probably a good percentage of kids with autism, particularly

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in the regressive type of autism, who have this biochemical abnormality and may respond poorly to an

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insult either a virus or a vaccine or other environmental insult that occurs at a specific time of

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development to then trigger the cascade of events that we call autism. But it's probably not the

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only thing that can cause autism. So it's a hard thing to study. Like most of our research on, you

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know, people are concerned about. If you're concerned about autism and a vaccine connection, you're

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trying to make a connection based on the symptoms or the syndrome. You really need to understand

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that subgroup of

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people with autism to

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understand and make any connections. So really, until you can count something well, you really can't

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study as to the cause of it. But there does need to be much more research as to why children with

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autism have these mitochondrial abnormalities. Can babies be screened and then somehow protected

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from autism? If we prevent certain exposures at certain ages.

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And I don't think really anything's off the table. I mean, unfortunately,

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much of our public health service have sort of put vaccines off the table where. Whereas they're

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probably not the only culprit. I don't think one vaccine or one issue is the entire culprit. I think

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it's going to be mixed bags of things. But really nothing should be off the table because nothing

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has been excluded because we really haven't defined the condition well enough.

The way I sort of

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like to explain it to kind of non scientific people. People. Everybody's sort of done grade school

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mathematics. And until you can count something, until you get your basic arithmetic, you certainly

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can't move on to algebra, trigonometry, and then calculus. I mean, what these people who are saying

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that the question of vaccine and autism has been asked and answered. It's sort of like we're trying

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to say under the same breath, okay, we can't really even count it. Well, yet, but yet we can tell

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you vaccines don't cause it definitely. It doesn't make any scientific sense at all if you

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understand

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what the science basis of that is. So it seems to me that

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there's a resistance to studying subgroups of autism and trying to figure out really what the

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biological basis is, because then we have to admit that it's not genetic, it's not predetermined, it

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doesn't necessarily occur in the womb. Maybe it does occur in the womb in some cases, but maybe in

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some cases it does not. So I think we have to start figuring out with this mitochondrial group, is

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it, okay, this, this is a good lead. Let's follow this lead. Let's fund this. Let's. Let's try to

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figure out

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what's the genetic and biochemical basis, can we test for it? Can we screen for it? And if we are

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able to screen for kids that have this potential mitochondrial issue, if they don't get fevers or

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vaccinations or certain viral exposures between the ages of 12 and 24 months, are they fine when

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they're 5 years old, 6 years old, 7 years old? Is there some way to abuse, avoid this? One of the

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things that just seems so common sense to me, we learned in nursing school that a child's

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development from 0 to 2 years of old, 2 years of age, was extremely important. One of the things in,

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in nursing that we. We learned child development. I'm so happy that I did. But those were very, very

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important. So eating and sleeping were the child's most important things that they did. So. So from

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a purely common sense standpoint, when you start adding vaccines, even one, but now, you know, five,

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six, seven, what you're really doing is if you have a finite amount of energy in a child and it's

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got to. It needs to be used to help develop skills, walking, talking, eating, moving. And now that

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energy instead is being used to fight off diseases that they may never have even come across, and

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certainly not all at one time. Time, and particularly since their immune systems don't even accept

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that or do anything with it at less than a year old. So they were priming the pump, if you will.

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They were just saying they were priming the pump. So what they were really doing made no sense at

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all. Because now we're taking away the ability for the child to use that energy to develop their

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milestones and instead use it to fight off a disease. So from a common sense standpoint, one of the

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things that I think should have happened right off the bat is stop giving children all of these

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vaccines when they're so young. That might have alleviated several of these problems right off the

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bat. It might not alleviate all of them, but certainly several of them. And that was just a common

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sense feeling that I had that really does not take a scientist to know.

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Yeah, there's a fascinating concept with mitochondria. Just the basics of really why they're there.

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I mean, the science and the idea that

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hundreds of millions of years ago, bacteria fused with animal cells to create. So essentially,

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bacteria were harnessed to become. Become the powerhouse, the generators of cells. And so not only

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do they function for energetics, they also function for thermoregulation, so temperature modulation.

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So you can imagine that during famine, when their food is scarce, being able to be Tightly coupled,

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where you're super efficient to generate energy, energy is very beneficial. So in your northern

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climates where you have cold all the, all the time, you actually would need more heat generation. So

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if you're more uncoupled, you're going to be more, less efficient. So like an engine has more

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friction, it's going to generate more heat, not necessarily spin off as much energy or ATP. So

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you're going to have, have mitochondria that develops over evolutionary, over millennia to be better

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at keeping you warm. That symbiotic relationship between mitochondria and human cells has been here

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for millennia and it's evolved differently in different areas of the world. So it's a very

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interesting study, study of how we're reliant upon these structures for each and every cell. And

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they can, when they malfunction, they can cause multiple problems. And so the malfunction could be

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primary. It can be genetic issue, but it can also be a genetic issue related to not just the gene

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that is on your 22 chromosomes plus your XYZ. Right. It can also be that there's a circular DNA in

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the mitochondria itself that's a much smaller, highly conserved DNA that's more like bacterial DNA

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that can have mutations in it. So there's specific mitochondrial diseases that can be in that DNA.

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But really most mitochondrial dysfunction is related to the malfunction of the, the DNA that's part

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of your cellular DNA and

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how that also works along with the mitochondria. Just touching back a little bit on the case with

05:04:37 - 05:04:45

Hannah and the vaccine injury compensation program. In 2008, the U.S. department of Health and Human

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Services conceded that vaccines had significantly contributed to Hannah's condition. What was that

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moment like? What did that moment mean for you? And if you could, because a lot of other families

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were in this omnibus that were later dismissed. So Hannah's actually one of the lucky ones and had

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her case. You know, she was awarded compensation. Some people may have some misconceptions about

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what compensation is actually what, you know, what benefit that has actually brought. So can you

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talk a little bit about what it was like when you, when it was conceded and how has that concession,

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that concession and the compensation, has it really made a big difference in Hannah's life? Is it

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enough to cover all of the things that Hannah needs or is it like a band aid? Well, so that's a good

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question. There's no amount that would give us our daughter back pre 18 months old. I mean there's

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so, so just back to that. So in 2008, when we learned that they were conceding her case, of course

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we were happy. And of course we were wondering, why are we not going to trial? Since they were

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having a trial? And everyone thought, well, it's because, you know, Dr. Pulling is a neurologist and

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Terry's a nurse and a lawyer, and that's why. And even we thought, okay, well, maybe that's why.

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Well, we have discovered just along with everyone else, that that might not be exactly why. And we

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didn't discover that until a couple of years ago when we found out that Dr. Zimmerman had done a

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deposition in another case and he had been fired by the DOJ. And we. We never talked with Dr.

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Zimmerman about his testimony with other cases or even ours. He was a treating physician in our

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case. And so we did not have these conversations about this. We never knew any of this had happened

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happened. That changes everything, because apparently they used his affidavit in the Cedello case,

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and we did know that he did not think that the Cedello case was caused by the MMR vaccine, but they

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used his affidavit for all of the other cases, which we did not know that either. So that, to me, is

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devastating. That is a complete cover up. The doj, if they, you know, obviously attorneys do not use

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information that's not going to be helpful, but they used information that they knowingly that they

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knew was not correct, and they used it against the other families.

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That feels terrible. It also feels terrible that we were the only ones. And it felt almost like the

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fact that we actually spoke up could have possibly hurt other family's chances, which felt bad.

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Every time we said something, it felt like they would come after that. It's almost like hiding under

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rocks trying to get treatments for people. And the more they know where you're going to go get

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treatments, they would go after those people and try to ruin them. So. So that has always felt bad.

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Now, going to the. The money, yes, it. There's enough money for Hannah. I don't think they expected

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her to live as long as she has.

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She's going to live as long as we can keep her going, but she requires, you know, medical treatment.

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She. We have enough money to put her in an institution, and they would take very good care of her

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for as long as they didn't medicate her. But they would medicate her because she would annoy them.

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And we all know as autism parents what that's like. And so they would medicate her and she would

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soon be Gone. And so that is the fear that we live with, and no amount of money will ever make that

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go away. So we rely on family mostly as employees to help take care of Hannah because it's really

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hard to find good, good help.

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We have a couple of very good helper, you know, people who help us with it, but for the most part,

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is very hard to find good help. So I would also say that

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one of the things about the vaccine injury court program is that you have to have money to get

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money, so you have to be able to prove that your child is going to need physical therapy,

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occupational therapy, ABA therapy, and you. And back when we were doing this, you had to pay for it.

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So a lot of families that would need those things could not prove they needed them because, of

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course, autism, they didn't know anything about autism, so they would not be compensated with enough

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money to help pay for those things that they needed. Now, I knew this because I was a lawyer, so I

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knew that I had to have a paper trail for everything that happens in, in the future so that we could

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prove that these are the very things that she needs. And she does need them, and she uses them to

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this day, but it's not curing her. She still has autism, she has seizures, she has mitochondrial

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disorder, and, you know, we don't know how long she'll be with us, but she's a very happy autistic

05:10:17 - 05:10:19

child or adult now.

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Yeah. So.

05:10:26 - 05:10:33

So just to kind of wrap this thing up, what lessons do you think that the public health system and

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the public should take from Hannah's case, and what are your hopes for future vaccine safety

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research and informed consent? People are in trouble when government and industry line up together

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again against them.

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So one of the lessons that has to be learned and one of the things that needs to be changed, either

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with RFK Jr being able to establish a separate entity to study and prevent vaccine injury, or

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essentially the dissolution of the act. The VICP court needs to go away, and people need to be able

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to have. Have proper representation in civil court when things go wrong with a product.

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As a physician myself, I understand that with

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every procedure I order, every prescription I order, there's risk.

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And when it comes to vaccines, I think we're allowed to kid ourselves that. That this safe and

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effective mantra. Whereas, yes, that might be true in the majority, there's still the minority of

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people who are going to be hurt. So for that minority, there has to be some mechanism of

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compensation and also recognition.

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We would like to see that

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more than just just compensation. To care for Hannah. We'd like to see that there's research done to

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figure out how to prevent further Hannah's. How do we stop, how do we stop this from happening to

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other families? How do we help families that have experienced the same thing as us?

05:12:26 - 05:12:33

So I think a lot of people are learning now that we're probably injured with the COVID vaccine that

05:12:33 - 05:12:44

was. That there really isn't a mechanism to help people that are out there with injuries. And the

05:12:44 - 05:12:55

government is not going to the research that they're liable for. I think the irony here is that RFK

05:12:55 - 05:13:02

Jr. Is actually the defendant from any vaccine injury case. The HHS secretary is the. Well, they

05:13:02 - 05:13:09

don't call it the defendant. What do they call Terry? The respondent? Because it's not actually a

05:13:09 - 05:13:12

lawsuit, it's a civil petition. But

05:13:14 - 05:13:21

the HHS secretary is actually a responsible party for any vaccine injury. So how can the responsible

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party potentially want to do, do any research that's going to potentially be used against them in a

05:13:27 - 05:13:27

court of law?

05:13:29 - 05:13:35

So that has to be funded somehow. We need to figure out how to prevent injuries. We do pre testing

05:13:35 - 05:13:43

before I start certain medications. We do constant screening of blood work to monitor for toxicities

05:13:43 - 05:13:49

and medication I prescribe. I don't just write a prescription and say it's safe and effective he

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here. And, and then when, if you, if you come back and there's a problem, I don't just say, sorry,

05:13:54 - 05:13:59

it wasn't related to that. We, we investigate it, we look at it. This is not the way medicine should

05:13:59 - 05:14:09

be practiced. Medicine has to be always for the individual. And while we understand that there are

05:14:09 - 05:14:14

population needs, the individual has to be the most important thing that every doctor, any actual

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treating doctor, has to understand that the individual comes first. That's sitting in front of them.

05:14:20 - 05:14:24

And one of the things that I thought was interesting when we had,

05:14:27 - 05:14:34

when we were doing the damages portion of the vaccine injury court program, they both sides, the

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government as well as the petitioner, we had the

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life care planners come out and one of the things that the government life care planner said to me

05:14:45 - 05:14:53

was, you do understand that if we compensate all of your cases in the vaccine omniv, we'll go

05:14:53 - 05:15:01

bankrupt. And I thought, now why is the government telling their life care planner that she needs to

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be very careful about compensation? Because they cannot afford it.

05:15:08 - 05:15:17

I think personally that 5,000 cases is nothing. And I think based on what we've now learned of what

05:15:17 - 05:15:22

has happened, that every single one of these cases should be compensated.

They should take them back

05:15:23 - 05:15:29

and compensate them. And they don't need to prove anything because they went through this process

05:15:29 - 05:15:35

and it was devastating. So clearly something was wrong. That's only 5,000. What is the number now of

05:15:35 - 05:15:43

autistic individuals? One in 36 kids. That's mild. And they need to do that because of the

05:15:43 - 05:15:46

malfeasance in this case because of what happened.

05:15:47 - 05:15:55

And then moving forward, I do worry about going completely back to just product liability only

05:15:56 - 05:16:01

because the vaccine injury court croban was created created because of the problem with class action

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lawsuits. Sometimes the the lawyers will get large amounts of money, but the clients do not

05:16:08 - 05:16:16

necessarily get large amounts of money. So we do need to have a mechanism whereby these people that

05:16:16 - 05:16:21

are injured do have enough to support them for life. One of the things that's a problem with

05:16:21 - 05:16:27

children is that it is for life, for however long that life life is. But it's also devastating with

05:16:27 - 05:16:33

COVID for adults. And this is why I think this is finally the time to speak out and to show. Because

05:16:33 - 05:16:37

one of the reasons that I think the childhood vaccines are being given when the children are very

05:16:37 - 05:16:42

young is because they call everything developmental and not kaispyn vaccines. But how can you call

05:16:42 - 05:16:45

something developmental when an adult no longer can walk or talk?

05:16:49 - 05:16:55

So again I, I'm not necessarily opposed to abolishing the vaccine and injury court program,

05:16:56 - 05:17:04

particularly since they've proven that only one child out of 5,000 was able to succeed. Just as a

05:17:04 - 05:17:12

final note, before we started recording, John, you mentioned that Hannah's injury happened shortly

05:17:12 - 05:17:21

after the Simpson Wood meeting, which is the seventh subject of the work that we're doing today to

05:17:21 - 05:17:29

kind of expose what happened at Simpsonwood. Can you talk about maybe even a personal message of

05:17:29 - 05:17:37

sorts to those individuals that decided that rather than alert the public to what was going on that

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it was better to conceal that information manipulated a million different ways until they found a

05:17:44 - 05:17:50

way to hide the signal that they were seeing. Seeing. Well I guess to put it in perspective of

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chronology,

05:17:52 - 05:18:01

Hannah's ketchup vaccine that as Terry mentioned, where she received the multiple vaccinations as a

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catch up protocol that then made her acutely ill and started this cascade of developmental loss

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regression that occurred occurred just

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over one month after the simpsonwood meeting happened. And I haven't looked at those transcripts in

05:18:23 - 05:18:30

many years. But from what I recall several of the experts were very concerned about the data as it

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was presented. There was a publication where there were less concerns, but there were still signals

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for tics and other disorders which as neurologists know, tics are associated with Tourette's and,

05:18:43 - 05:18:54

and other behavioral issues, so they're not benign. That was still published. But the link to autism

05:18:54 - 05:19:03

with the mercury data, that original data that was presented at Simpsonwood showed a significant

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increased autism risk with thimerazole exposure. But then with subsequent analysis, this, the

05:19:10 - 05:19:13

concern somehow went away.

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But from listening to the people that were there, there was even one doctor, I recall saying, I need

05:19:25 - 05:19:30

to, you know, I have a grandson that could be receiving these vaccines. I need to make sure that

05:19:31 - 05:19:35

their thimerazole free. And this is an expert. And I'm thinking to myself now,

05:19:37 - 05:19:43

shouldn't the whole country have known? Okay, until we get this sorted out, we should be thimerazole

05:19:43 - 05:19:51

free. What happened to the precautionary principle where first do no harm?

Unfortunately, that's

05:19:51 - 05:19:59

been corrupted to a let's make sure everybody believes that vaccines are always safe and effective,

05:20:00 - 05:20:08

where unfortunately, that's not the case for every person at all, every turn. So I really wish that

05:20:09 - 05:20:14

had they done the right thing, which was alert the public,

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reevaluate things post haste, but first put a pause and a stop, and then do your data analysis,

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maybe Hannah wouldn't have been hurt. Because from the, the scientific standpoint, it does make

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sense to me

05:20:36 - 05:20:45

mechanistically that if there was a link to heavy metal toxicity, heavy metals function by damaging

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mitochondria. So if you have somebody that already has mitochondrial dysfunction and then you

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further disrupt that metabolism, you could potentially trigger a cascade that could lead to a

05:20:57 - 05:21:03

developmental regression or encephalopathy. And then eventually it might be called autism once the

05:21:03 - 05:21:10

symptoms are finally fully manifested. If you don't have a scientific background and can speak like

05:21:10 - 05:21:16

that, as a mother or somebody who's taking your child in and relying on the medical profession, I

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say go with your gut every time. If your gut. If I had listened to my gut feeling, I would not have

05:21:25 - 05:21:33

allowed, allowed my daughter to get all those vaccines in one day. And my, and my. I say to this day

05:21:33 - 05:21:41

that, you know, if I had just listened to my gut, and I think we have to do that now. And I think, I

05:21:41 - 05:21:47

think this Covid crisis has convinced everybody of that now too. You know, we have to be able to

05:21:47 - 05:21:53

stand up and say, no, I'll give up my career, I'll give up whatever I have to to. This isn't right.

05:21:55 - 05:22:03

Well, the entire trust in the health system has eroded significantly due to the missteps of our

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government during COVID So, you know, this is an issue and you know, unfortunately, like in my

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hospital, we now have gun and metal detectors at all the entrances because of the increased

05:22:15 - 05:22:21

workplace violence we see in the hospital system. We have, you know, I had a patient, patient today

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where security had to be called up because the family member was being abusive to staff verbally and

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they had to sign a paper that if they were verbally abusive to any staff, again, they would be

05:22:35 - 05:22:42

banned from the hospital. These things, these things didn't happen 25 years ago. Thirty years ago,

05:22:42 - 05:22:49

when I started in medicine, there was a general respect for medicine and that's now gone because of

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a lot of missteps by our public health system. So I'd like to see things really come back to a time

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when

05:22:59 - 05:23:00

you can trust your doctor.

05:23:02 - 05:23:05

Right? When that actually means something. When you say trust your doctor.

05:23:07 - 05:23:15

Absolutely agree with that 100%. We need to get back to basics and do no harm is supposed to be the

05:23:15 - 05:23:23

first principle of medicine. We have certainly gotten a far distance away from that. Thank you Dr.

05:23:23 - 05:23:29

Pulling and Terry for coming on, for sharing this. I know that this was

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something I've been trying to talk to you guys about for several years now and the time just was,

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wasn't quite there. But now we think this is a good time to come out and share and we just really

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appreciate you participating, sharing Hannah's story and being a part of this conversation about

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what happened at Simpsonwood. Thank you. Thank you.

05:23:57 - 05:24:04

Cheryl is joining us here today on CHD tv. Cheryl is a five time Emmy award winning investigative

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journalist and author. She gained national, national recognition during her tenure at CBS News for

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investigative reporting, including her coverage of vaccine safety issues. She resigned from CBS in

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2014 after 21 years with the network and she now hosts the television program Full Measure with

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Cheryl Atkinson. Cheryl, I want to personally thank you for taking your time out of your busy

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schedule to be here today with us and for all. Thanks for having me. All you've done done over the

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decades, you've never backed away from controversy and you have been an absolute beacon of light and

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truth. So again, thank you and thank you for your time today. Well, I wish I could have done more,

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but thank you for saying that. Oh, you, you, you have been the voice for our children and for people

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in the vaccine injury community for decades. So I just appreciate everything you've done and

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everybody provides what they can to this issue and it's developing rapidly, especially with Mr.

05:25:04 - 05:25:06

Kennedy now at HHS.

05:25:08 - 05:25:14

Couple of questions during your time at CBS News, what initially drew you to this vaccine safety

05:25:14 - 05:25:21

debate? I was assigned to cover the resurgence of the smallpox vaccine program after 911 knew

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nothing about the medical system I trusted my doctors, never questioned public public health even as

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investigative reporter. But in digging into the smallpox vaccine program, I have good sources and

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public health officials start talking about, well, smallpox vaccine is more dangerous than some

05:25:38 - 05:25:44

other vaccines. And here's some of the side effects. We know it can cause myocarditis and so on.

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Sounds familiar. And how we have to be very careful about starting it back up again. And I thought I

05:25:49 - 05:25:54

never knew vaccines could do any of that. I didn't know understand the biologic mechanisms behind

05:25:54 - 05:26:00

what vaccines do. It all sounded crazy before, but I started to understand and read up. And as part

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of this I began to question, well, if occasionally the shots that soldiers get because this was

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happening with smallpox vaccine at the time, an anthrax vaccine, if occasionally a soldier will drop

05:26:12 - 05:26:18

dead from his vaccines. You know, that rarely happens. What happens when a small child gets injected

05:26:18 - 05:26:22

with all these vaccines? And I'd always thought that was just conspiracy theory kind of crazy talk.

05:26:22 - 05:26:27

My child was fully vaccinated. I didn't know anything about it. And I came to learn how much was

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being hidden and cover up and misrepresented. Like many other government scandals, quite frankly

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that I've covered over the years. It's the public health establishment unfortunately is no

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different. And then I saw it was ripe for so many stories that Americans, including me, aren't being

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told about, weren't being told about. And CBS News was very interested in the time in covering all

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these on vaccines and other medicines and other health problems that we were having population wide.

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So that's how I got into it. Oh wow, that's an interesting journey that you took. How was your

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investigative reporting received at the time? Very well. I mean CBS News assigned me to cover the

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smallpox vaccine program which was eventually halted for safety reasons pretty quickly. And then

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they welcomed the others. They agreed, the bosses at the time, that these are very important issues.

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And Lynn, I don't know if you or people remember, a lot of people are covering them. New York Times

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is covering them. LA Times. This is before the sort of what I would call takeover of the media by

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the pharmaceutical and vaccine industry. Nobody was called anti vaccine for covering obvious safety

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issues because they had not popularized that propaganda term yet against weaponized it basically

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against reporters and scientists. So a lot of us were doing really good work on important stuff for

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some years. Years. And then it came where the partnerships between the media and the pharmaceutical

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industry grew more profitable and stronger as at the corporate level, we and the Media partnered

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with the pharmaceutical industry lobbyists to try to get loosened up rules so they could advertise

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more pharmaceutical drugs on TV and in other media. Once that partnership was forged and once they

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worked together, meaning my industry and the pharmaceutical industry industry, all of a sudden there

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was all this pushback, which I didn't understand at the time. And it wasn't coming from the

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immediate bosses who wanted these stories. It was coming from outside the news division initially

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and not just on vaccine stories, but on statins and other important medical issues that I was

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covering. So that all changed, I would say, around the 2005 time period. And not just CBS News, but

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all the other media quit covering and started controversializing the very issues we were all

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interested in just a couple of years before. Yeah, that is so absolutely true, Cheryl. I remember

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when I first heard the term anti vaxxer, it was just what these families have children who are fully

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vaccinated. So I just didn't quite understand what was going on. For thank, thank you for explaining

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that,

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comparing that early reporting to the landscape now, especially with COVID 19. What's been your

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experience? Well, now it's gotten to a point where the censorship on this issue and others, but

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quite frankly this probably led the way in many respects. It's so obvious and well known in the

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industry that it's almost like the corporations don't really have to often reach down into the

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newsrooms anymore and try to have things censored. The media, we're self censoring because we

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understand reporters understand what their bosses will and will won't put in the headlines or reward

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or publish. So why would you go down the road of covering really important, interesting stories that

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nobody's going to want to publish or read or that you're going to get controversialized for? So now

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we're at a point of where there's just self censorship. And then the reporters who knew something of

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this issue, I mean I studied this for years, actually for a couple of years before I did my first

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vaccine autism story. I just studied it because it was so contrary to everything we've been told. I

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wanted to be sure I got it right. The reporters who did study these issues and know something of it,

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a lot of them are gone. And the ones who are in place now simply buy into the propaganda from the

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public health agencies in the industry unquestioningly without doing independent research or

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understanding where to look. And it's a really sad landscape. Now I see reporters who clearly are

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ignorant of the facts debating Robert F. Kennedy Jr. But with such certainty in their wrong

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position, not understanding perhaps that he is so well researched on vaccine safety issues. I would

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say probably the top politician I've ever known, top ranking politician who understands the most

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about the industry and about the safety issues. And yet you hear these journalists who clearly

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haven't done their job, insisting with their own opinions and speculation and propaganda, whether

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they realize it or not, insisting that they're right and he's wrong. I think that's a really sad

05:30:55 - 05:31:01

state of affairs. Affairs, exactly. Cheryl. The science is settled in their opinion. Speaking of

05:31:01 - 05:31:06

some of the stories that you've covered over the years, could you talk a little bit about the

05:31:07 - 05:31:13

Department of Justice fraud during the autism omnibus proceedings? Well, there are so many eye

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openers along the way, but one of the big ones, as I was covering the vaccine autism links, which

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were actually are well proven in court and in science, scientific documentation and also among

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researchers. This, there are two elements to this the vaccine court that a lot of people don't know

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about. The special vaccine court that was litigates vaccine injuries in a special way that protects

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the vaccine makers. We basically pay damages for the vaccine injured. They were holding an omnibus

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set of cases together. They were holding hearings. And to see that, hey, if we prove, if someone

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successfully proves one of the several vaccine causing autism theories will pay out a lot of the

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similar cases without making the thousands and probably hundreds of thousands of people go to court.

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So shortly before the decision was coming down, I was tipped off by one, the best source that there

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is at vaccine Court that they were going to have founded results in at least one of the cases,

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meaning they were going to agree as a court that vaccines did cause autism in one of these landmark

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sample cases that would have huge implications. The source told me they were already trying to

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figure out how to replenish the trust fund because there would be so many people making claims,

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similar claims they wouldn't have enough money to pay all the victims. Then the decision comes down

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and it's totally opposite. The decision is, oh, vaccines can't cause autism. And I was really

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baffled. And now I would cover that as its own story, but I really didn't know what to do with that

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at the time. Time, like it was just the opposite of what I knew was the truth. Turns out we later

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learned through a series of events that I will call them the bad guys, carved out that case that

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they were going to say they were going to agree vaccines caused autism, carved it out of these

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sample public cases they were holding and secretly confidentially settled it and sealed it so the

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public would never know and paid this family and agreed about the vaccine's role in autism while

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public publicly continuing to lie to the public and say that there was no link and this was all

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debunked and crazy talk. Well, the second element to that is years later, the expert witness for the

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Department of Justice, which defends the vaccine makers. Believe it or not, the expert witness is A

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man called Dr. Andrew Zimmerman from a prestigious health institution who is defending the

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government slash the vaccine industry, saying vaccines can't cause autism. We now know that at some

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point in time he changed that opinion based on science and some of his own patients. And he has

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signed an affidavit, a sworn affidavit years later that said he told the Department of Justice

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lawyers when these trials were going on. Listen, I've changed my opinion on this. You can no longer

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say that in no case do vaccines cause autism, because I know differently. I even have patients where

05:34:02 - 05:34:07

that's the case. What did the Department of Justice do? Did they compensate the poor families where

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this has happened? Did they go public? No. They fired Dr. Zimmerman as their expert witness and

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continue to misrepresent his findings in court. There's a transcript from the following Monday where

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they said something in the vaccine court, something like, we know Dr. Zimmerman's view on all of

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this, implying that Dr. Zimmerman said vaccines can never cause autism when he had told them

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explicitly that the opposite. So years later, he signs an affidavit to this effect because Robert F.

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Kennedy Jr. Got him to agree to do so. And this should have been international headlines. I did the

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story. We got a lot of play among people who are looking for those kinds of stories, but Department

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of Justice never held anybody accountable. Most people didn't talk about it. The other media didn't

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pick up the story. And then they set about the business of trying to controversialize the expert,

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the man who had served as the vaccine industry and government's own chief expert witness. Now, if

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you look online, well, they're trying to debunk him and say he wasn't really very important in all

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of this. And the COVID up continues. So that's the big fraud that happened. One of the big frauds.

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Cheryl, maybe we could revive that story and tell it again because it's still very, very important

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because the same things, my understanding, are happening in other cases and the COVID vaccine

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program as well. You also recently did a story about the continued use of the preservative

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thimerosal, which is ethylmercury based. And Vaccines, even though our federal agencies have been

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telling us over the years that it was removed back in 2001. And you also spoke a little bit about

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the Simpson wood transfer transcripts. And that's sort of what this whole program today is about, is

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the 25th anniversary of that private Simpsonwood meeting here in Atlanta. So if you could talk a

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little bit about that, that would be very interesting to hear your perspective. In my bestseller,

05:36:05 - 05:36:10

Follow the Science How Big Pharma Misleads, Obscures and Prevails, I detail a lot of what we're

05:36:10 - 05:36:16

talking about with thimerosal and mercury and vaccines that people want to read more. For those who

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are listening, they probably already know this. There are many theories and probably more than one

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of them is true, are true as to how vaccines and other things trigger or cause autism. But one of

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them is the mercury content, the thimerosal preservative that was widely used in several childhood

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vaccines in the time period we're talking about when autism started to explode. Obviously there were

05:36:39 - 05:36:45

some believed to be connections and that thimerosalmercury was a culprit in the brain damage these

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kids were suffering. And there's been a long standing effort to cover that up and controversialize

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it. And I think a lot of that started with the simpsonwood secret meeting that the government held.

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Everybody inside the vaccine industry of course, was invited and everybody in public health, but no

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consumers or members of the public. This was kept a secret for the people who needed to know the the

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most. What had happened was a government sponsored study about the role of thimerosal in vaccines

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and what it played in neuro damage in children, whether it's autism, add tics, stuttering and all

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sorts of things. This study was on an interim basis, was providing very disturbing and strong links

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in some cases. So the scientists were reporting to this group of insiders, not to the public.

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Public, this group of insiders. And there were differing opinions as to what it meant and what they

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should do. But clearly there was alarm among a number of these specialists who said this was a

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really big deal, that they found these associations with thimerosal mercury. The government never

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told the public that after the meeting. I mean, this only leaked out because parents later, through

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a Freedom of Information act request, got the transcripts. But the public was never told that there

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were these concerns. Concerns. The study was, shall we say, massaged. And it never did dispel the

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vaccine autism link, although many people incorrectly report that's what it did. But it softened it

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enough that it looked A little bit squishy as the study was massaged and as the lead author on the

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study was hired away by a vaccine maker. Midstream, which was not disclosed when the study was

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finally published in Pediatrics, was not initially disclosed. And then the government, government

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basically tried to have it both ways. They tried to say, there's no risk with the Marisol, you guys

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are crazy, but we're going to take it out of all vaccines. So they wanted credit for doing something

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that they claimed it was not necessary to do. And then they started claiming as early as 1999 that

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all thimerosal mercury was taken out of all vaccines given to children. And this was first thrown

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back at me when I was doing my stories and the pharmaceutical industry was starting to have. Have

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more impact. Secret meetings with certain people at cbs. Someone came to me at CBS Editorial when I

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was doing these reports and said, the Marisol was taken out of vaccines. And I knew that wasn't the

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case. And I actually brought them the charts that were online, the government's own charts that

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showed which vaccines it was in and how much. But I thought, where is that coming from? It still

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exists in the CDC's own propaganda in Children's Hospital of Philip, Philadelphia, Pennsylvania.

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Chop. They. They are notorious for their vaccine misinformation, in my view. They say things like,

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you know, the Marisol was taken out. So I did this investigation that I published on my free

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substack that shows how much, how many times and how many years after the 1999, 2001 time period

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when they all claim thimerosal was taken out of vaccines. I show how many vaccines it stayed in and

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remains to this day by their own charts, some of which have been wiped from the web. But I was able

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to recover. And I think the main point of this is not only the possible role that mercury and

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thimerosal may play in many illnesses that our kids suffer, but how the government will just so

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blatantly lie and mislead and then how those of us in the media who don't do our homework will then

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parrot and report these things that are clearly not true. So just over and over again, the

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misinformation gets forwarded until it becomes kind of believed by people who don't know any better.

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And that's where we are with the. The Marisol controversy today. Exactly. That's a wonderful

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summary, Cheryl. Is there anything else that you would want to share today

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that you think our listeners would be interested in knowing or any things that you would want to

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share with Other people in the media like yourself. I'm worried about COVID 19 based on the research

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I'm doing, not just COVID 19, the long term after effects, but also the after effects of the

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vaccine. And I've been reporting a lot on this on my show, Full Measure also wrote about it and

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follow the science. The scientists who are on the leading edge of treating patients with long

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standing injuries after Covid and COVID vaccine are very concerned that the spike protein in Co

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Covid that they believe was man manipulated and the spike protein that the vaccines tell our bodies

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to make is super problematic and persistent and is implicated in the rashes of cancer which can, you

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know, flourish in the environment caused when the spike protein is in your body. I've had scientists

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who are studying this, very mainstream scientists say they're concerned after looking at the blood

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of so many people who are impacted that we're all going to be impacted. Maybe you weren't sick with

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COVID maybe you got it asymptotically. Maybe you didn't get a vaccine. You just had Covid.

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Everybody, they say they fear ultimately will have some after effects and you won't necessarily

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associate it with that if the government's not going to study it. So far they haven't. You'll just

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think, oh, gosh, a lot of people are getting cancer. Gosh, a lot of people are getting vision

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problems. Gosh, a lot of people are feeling tired and having brain fog. A lot of these things could

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be related. But if nobody's trying to capture them, they can't be treated or researched in an

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effective way. And I think that's where we are right now. It could be a problem for us. So I would

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encourage people to do their reading, to look at the alternative sources, the good sources of

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mainstream folks that have broken away after the COVID debacle to try to do some independent

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research in science and keep their eye on this sort of thing. So. So that in the future, as this

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develops, we really have some answers before it's too late. Absolutely. Wonderful recommendations.

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Cheryl. You are always spot on. And thank you so much for your time today and we look forward to

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following your stories in the future and your work. Thanks.

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You've been part of significant legal actions against state and federal vaccine mandate mandates.

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Could you walk us through some of the most critical lawsuits you've led or supported and what their

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outcomes have meant for medical freedom in America? Yes. We at Children's Health Defense oppose all

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medical mandates and we favor true informed consent. And so all of our litigation has really been

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around those issues to ensure that people have the ability to have informed consent, that we get rid

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of fraud and corruption in the government and in pharma, and that we don't have any medical

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mandates. So during COVID Children's Health Defense opposed the health care mandate of COVID shots

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in New York State. We wrote letters to the FDA and brought a lawsuit to oppose the authorization of

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COVID shots for children. We filed a lawsuit to oppose the mask mandate in New York State. We also

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brought lawsuits to challenge the fraud of the Gardasil vaccine that they Merck, the manufacturer,

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has not been giving true informed consent or adequate warnings to people. We also have brought a

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lawsuit against the Department of Justice and the Department of Health for the Department of

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Justice's fraud in the omnibus autism proceeding. And as we've also brought many cases which I'll

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talk about next, related to censorship, censorship and violations of the First Amendment,

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many of these cases are still ongoing in New York. Our lawsuits were instrumental in having the MASK

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mandate and the COVID vaccine mandate for healthcare workers stricken. We were not successful in

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having the authorization of the COVID shots stopped for children. However, that's an issue that we

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are still focused on. We don't yet have have a decision in the Hazlehurst versus the Secretary of

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Health and Human Services case for fraud in the omnibus autism proceeding. We also have a case that

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challenges a death

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of a young man who took a Covid shot. That's a case against the Department of Defense. We don't have

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a final valid decision in that case yet. So many of our cases are censorship cases. Kennedy v.

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Biden, Biden, CHD versus Meta Platforms, CHD versus Washington Post, and the Trusted News

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Initiative. We don't have final decisions on those. These are hard decisions for courts to reach. So

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we're still. We're still fighting. And in my view, what's important is the fight, not necessarily

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the outcome. We can't control the outcome. But what we can control is standing for justice, standing

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for truth, standing for change. Children's Health, Children's Health Defense has taken legal action

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against censorship by tech companies and federal agencies. How have these suppression efforts

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affected free speech and informed consent? And where do your legal challenges currently stand? What

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we witnessed during COVID was the ascendance of what I call, and many call the censorship industrial

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complex. This was a global enterprise to suppress truthful information about the COVID shots and

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about all of the lockdowns and Covid measures. This was tremendously dangerous. As Robert Kennedy,

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the founder of Children's Health Defense has often said

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there's no atrocity a government can't commit if it can censor its critics. And it's inevitable that

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if you do start censoring speech because government abuse every power that it's given. And if

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government suddenly has the capacity to censor its critics, it has a license for any entrance. So

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the First Amendment is the First Amendment for a reason. Free speech, freedom of the press, freedom

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of assembly, freedom of conscience, all of these things are absolutely the right to petition the

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government for addressing grievances, all of these things are absolutely essential. They're not

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optional. We still have three very major censorship cases, cases pending. One against meta

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platforms. We believe that Facebook clearly colluded with the federal government to suppress

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Children's Health Defense, suppress Robert Kennedy and many other groups that is going to be heard

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and conferenced by the Supreme Court at the end of June. And we're hopeful that that will lead to

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something. Actually another free speech case I forgot to mention, Corey v. Banta is a case in the

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state of California that is trying a temporary California standard of care is attempting to regulate

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what doctors can say to their patients. That case is also before the Supreme Court and being

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conferenced at the end of June. We have a case versus what's the so called trusted news initiative,

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which is the legacy media, Washington Post, Los Angeles Time, the British Broadcasting System,

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Reuters, Associated Press. They have colluded to suppress groups like Children's Health Defense. Not

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just for so called misinformation, but they're suppressing us because we cut into their profits and

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they know that. And so that's an antitrust case that's ongoing. And last but not least, we have

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funded and are bringing the case Kennedy v. Biden. Kennedy v. Biden is one of the most important

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censorship cases that we have. That's a case where we allege that the Department of Justice itself

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and officials in the Biden administration actively suppress the speech of now Secretary Kennedy. But

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when he was chairman of Children's Health Defense and suppressed the speech of Children's Health

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Defense. Right now that case is sort of in a, in a staying pattern while the new Department of

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Justice evaluates what it wants to do on that case. How do existing vaccine mandates conflict with

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constitutional rights or federal protections? What are the strongest legal or ethical arguments

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against the broad use of mandates in school, schools, workplaces and during public health

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emergencies?

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So my view is that all medical mandates are illegal. They violate the constitutional rights of

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parents. They violate the rights to free exercise of religion. They violate the right to true prior

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free and informed consent, and they violate the constitutional well recognized right to refuse

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unwanted medical interventions. I do believe that we are entering the era when mandates will fall.

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Right now the COVID shot mandates are being questioned by state and federal courts because those

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shots did not stop transmission. They also didn't stop infection. But the basis of a mandate is the

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idea that somehow it is going to protect the public. And there's really no argument that it protects

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the public if the only thing it does is allegedly protect the individual. So we fight mandates every

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day. We want people to make their own decisions. We do not give medical advice. We do not tell

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people what to do. But we do acknowledge and respect and honor the right of each individual to

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evaluate information on their own and to come to their own decisions. And mandates don't do that. So

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we are pressing to see fundamental changes, change in laws around mandates. We do not believe that

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mandates have any place in a free society. And candidly, the Supreme Court decision that is still

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looming over all vaccine related cases, Jacobson versus Massachusetts from 1905, it even gives some

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language to that effect. There are limits to what a democratically elected government can do with

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respect to medical decision making on behalf of other people. In 2011, the Supreme Court ruled that

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vaccine manufacturers cannot be held liable for design defects in their products.
What were the

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legal consequences of that ruling? And how did it change the landscape for
vaccine injury

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accountability in the US so the 1986 National Childhood Vaccine Injury act
fundamentally,

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fundamentally change the landscape of vaccines in the United States and
globally. That decision in

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1986 by Congress gave the vaccine manufacturers, big pharma and the
healthcare profession virtually

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blanket liability protection for vaccines. And what happened after 1986, as
Secretary Kennedy used

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to say, is was a gold rush. Big Pharma came in because the, the products
basically have no liability

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and they can be mandated by the states and, you know, relationships with
legislators, giving money

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into their campaign funds, telling them that this product is for everybody's help.
The mandates on

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state

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agendas just ballooned after the 1986 Act. There was one opening that was
feasible under the 1980s

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and that was if the vaccine itself was improperly designed. Otherwise they said,
you don't, you

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know, so long as the FDA has blessed this vaccine, you don't have to worry about
state failure to

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warn laws. You don't have to worry about if people die, because they basically did acknowledge that

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some people were going to die or be severely injured by the vaccines. And so in addition to giving

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liability protection, it set up an injury compensation program with the idea that people who were

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injured would be taking one for the team. They would be casualties of the war on disease, and they

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would be compensated. And there was a provision that said that health and human services, together

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with the pharmaceutical industry, had to make vaccines safer. Well, the injury compensation program

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doesn't work. They never made them safer. They never even reported to Congress how they made them

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safer. The only thing that worked beyond any compromise apprehension was giving liability protection

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to industry and the healthcare profession. So the only loophole in the 86 act was fraud against the

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regulator, which is very hard to prove, and a design defect. And there was a circuit split, meaning

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that some federal circuit courts of appeal and some state supreme courts came to different judgments

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about whether a design defect could go to court. So Bruce Brucewicz was a case from the third

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circuit court of appeals about the design of the diphtheria tetanus pertussis vaccine. And the

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allegation was that the whole cell design dpt was much more dangerous than the acellular pertussis

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vaccine, which Japan in particular had instituted 20 years ahead of the United States. It was well

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understood that the whole cell pertussis vaccine could cause severe brain injury, injury and death.

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So what Brucewicz did was the supreme court interpreted the 1986 statute and in my view, wrongly

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interpreted it to mean that there was no ability to go to courts for design defect. In my view, the

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correct interpretation, based on statutory interpretation and the historical record, was that

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Congress did want for people to be able to go to a civilization court to litigate whether it was a

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safe vaccine or not. But the supreme Court, in its wisdom, in a decision written by Justice Scalia,

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said, no, Only the fda, only the experts can decide what's a safe design. However, there was a very

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good dissenting decision from Justice Ruth Bader Ginsburg and Justice Sotomayor, and it was drafted

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by Sotomayor. And this decision also affected case, a case that was coming up from Georgia supreme

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Court that said, yes, you can go to state court for design defect. And that was a case about

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thimerosal, the mercury containing preservative in childhood vaccines. And so that just that case

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was decided at the same time as Bruce witz and the 5,000 cases that were then sitting in the vaccine

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injury compensation program poised to go into state and federal courts about the design defect of

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putting mercury in babies shots. Those cases were, were squelched. Those cases were foreclosed. And

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so what Brucewicz did is it made the 86 act even worse. In my opinion, it made it even more

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impossible to bring cases to court. However, Children's Health Defense has been supporting

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litigation for the last six years against Merck, which is is the big pharma company that

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manufactures Gardasil vaccines. And we do believe that under state law Merck was failing to warn and

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was depriving people of informed consent. And we also do believe that there was fraud in their

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clinical trials and in what they gave to the fda. At the moment we lost to a motion to dismiss by

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Merck in the federal district court in North Carolina and that case is ongoing. But Brucewicz

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basically meant that if you take a shot and you're harmed, you're on your own.
The injury

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compensation program doesn't work. Medicaid and Medicare don't work very well. The risk is all on

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you. If you take a shot and you don't really know what's in it or what it can do, you're taking on

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all the risk. And so I urge people to reach out. Read the product inserts. That's where the

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pharmaceutical industry has to tell the FDA what people have reported to them about what the drug or

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the vaccine does. And those product inserts are pretty hair raising. Generally pharmaceutical

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products are dangerous products and that's the reason why they're administered by doctors and that

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they're not over the counter, they're prescription based and they can do harm. So something to about

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think, think about what current lawsuits or legal strategies is Children's Health Defense pursuing

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to push against unconstitutional mandates and censorship. How can the public engage or support these

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efforts going forward? We have four major ongoing censorship related cases right at this time. One

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is Children's Health Defense versus Meta platforms is before the Supreme Court. It will be

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conferenced at the end of June. That's about the the collusion between Facebook and the federal

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government to suppress children's health defense to kick us off of Facebook, to take away the donate

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button, to kick off Bobby Kennedy and many other. They did that to many other institutions as well.

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Another important case is Corey versus Bonta. That's a case where the state of California is

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regulating what a doctor can tell his or her patient regarding the standard of care and Covid care

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in particular. That also is before the Supreme Court being conferenced at the end of June. We have

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another case, Kennedy versus Biden. That's a case where we're alleging that federal officials were

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violating the First Amendment when they knowingly and intentionally worked with the major platforms

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to suppress our speech, to kick us off, to downgrade us in SEO and so on. And then last but not

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least we have a case. Children's Health Defense vs. Washington Post, Reuters, Associated Press, Los

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Angeles Time, Other major legacy media for their role in colluding with social media platforms to

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suppress us. And that is an antitrust case. It's filed in Washington, D.C. but we have other cases.

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We have a new case on behalf of a pediatrician, Dr. Cardiff Danas, who refused to give Covid shots

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to young children. She believed that the risks outweighed the benefits. And because she was giving

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shots to poor children and other shots she did align with and was giving because she would refuse to

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give the COVID shots, she was kicked out of the Vaccines for Children program that provides free

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vaccines to poorer children, which accounts for 40% of American children children and her practice

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closed. So we believe that that was a violation of informed consent rights for her patients. Also a

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violation of the right to equal protection, that children who are poor should not essentially have

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more mandates than any other children. The COVID shots are not required by any state in the country,

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but they are federally recommended for infants as of 6 months old. So what can the public do? You

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can support Children's Health Defense. You can support Sign up for our newsletter daily the

05:59:27 - 05:59:32

Defender. That'll tell you everything you need to know about our lawsuits, which are important. You

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can access through our website, Children's Health Defense, Children's Health Defense TV. It's every

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day at 10am Eastern, we go out with a live show about the latest news for the health freedom

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community. We need your donations. We run exclusively on donations from the public. That's another

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way to engage. We all also have chapters so that you can engage at a grassroots level. You can work

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with people in the chapter to educate others, to bring films to them, to bring speakers to them, to

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bring meetings to them, all kinds of meetings, events involving children, and also to be engaged in

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what your state needs to do to communicate effectively with your legislators.

And then the story of

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Bobby Kennedy. So Simpson wood, which happened 25 years ago today,

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is

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it's hard to it's hard to say how horrifying it is. It was a meeting of government officials and

06:00:29 - 06:00:35

people from the big pharma and people from the World Health Organization, people from the cdc, the

06:00:35 - 06:00:42

fda, prominent physicians around the country, even around the world, who got together in a private

06:00:42 - 06:00:47

meeting outside Atlanta with the idea that no one would ever know what they talked about. And they

06:00:47 - 06:00:55

acknowledged that thimerosal, the mercury containing preservative, is causing, causing tics, autism,

06:00:55 - 06:01:03

adhd, apraxia, all kinds of speech delay, all kinds of neurological Problems, no surprise, mercury

06:01:03 - 06:01:06

is one of the most toxic elements in the world.

06:01:08 - 06:01:12

So they realized that they had a big problem. They talked about how they were going to hide it from

06:01:12 - 06:01:17

legislation, how they were going to hide it from lawyers, from plaintiffs lawyers, and how they were

06:01:17 - 06:01:23

going to wriggle out of it essentially by recharacterizing the data and essentially engaging in

06:01:23 - 06:01:30

scientific fraud. After that meeting, in my view the major pharmaceutical companies in the US

06:01:30 - 06:01:34

government and the global world World Health Organization, they haven't known what what to do. They

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haven't figured out to come clean, engage in radical transparency and gold standard science as

06:01:40 - 06:01:49

Secretary Kennedy is saying and acknowledge that they made a catastrophic mistake and engaged in

06:01:49 - 06:01:55

wrong activity that has harmed millions of children around the world. That's the reality of what

06:01:55 - 06:02:01

Simpsonwood is really about. Bobby Kennedy learned about it from parent activity activists at Safe

06:02:01 - 06:02:07

Minds, including Lynn Redwood, the first president of Children's Health Defense. And she Lynn went

06:02:07 - 06:02:15

and retrieved from the CDC the transcript of the Simpsonwood debacle conference. And Lynn Redwood

06:02:15 - 06:02:24

passed it on to Bobby Kennedy. And Bobby, in 2005 to his great honor and credit, published a story

06:02:24 - 06:02:34

simultaneously in Rolling Stone and Salon Lawn left liberal leaning cool publications, an article

06:02:34 - 06:02:41

called Deadly Immunity. And the article outlined how it absolutely looked like people in government

06:02:41 - 06:02:50

and pharma were engaged in a criminal cover up to bury the evidence that they had been injecting

06:02:50 - 06:02:56

children with mercury and causing massive brain damage and another damage. It, it harms every

06:02:56 - 06:03:02

aspect of a body. The immune system, the, the muscular system, the skeletal system, you name it, the

06:03:02 - 06:03:09

gastrointestinal system. Anyway, he published that article and that was the turning point for when

06:03:09 - 06:03:17

he became in essence Persona non grata in the liberal media. And after that, although before that he

06:03:17 - 06:03:22

had been able to go on to any network and had been able to get an op ed published anywhere he wanted

06:03:22 - 06:03:28

and he was vaunted as the environmental lawyer of the year and Time magazine and so on, he became

06:03:28 - 06:03:36

Persona non grata. This was a conspiracy theory, this was wacko, this was. He was an anti vaxxer as

06:03:36 - 06:03:46

he says. He vaccinated all of his children. He became an enemy of the people. Thankfully through the

06:03:46 - 06:03:50

work that he did at Children's Health Defense, building Children's Health Defense, bringing lawsuits

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to children, Children's Health Defense and then leaving Children's health defense in 2023 to run for

06:03:55 - 06:04:03

president. He has brought global attention to the harms that the medical industrial complex and the

06:04:03 - 06:04:10

media complex associated with it has been doing for more than 20 years. As he points out, more Than

06:04:10 - 06:04:15

half of American adults and American children have some kind of chronic health condition. And all

06:04:15 - 06:04:19

the while the health authorities and the government have been saying, we're doing a good, great job.

06:04:20 - 06:04:26

And they've been paying attention to infectious disease where they can produce lucrative vaccines

06:04:27 - 06:04:34

that make a lot of money and that actually make people sick. And then those people, those children

06:04:34 - 06:04:41

in particular, become clients for life of the pharmaceutical industry. So I am so happy that he is

06:04:41 - 06:04:47

now in the position that he is in as the Secretary of Pharmacy, Health and Human Services. There's a

06:04:47 - 06:04:53

tremendous amount of work to do and I think he understands that this can't be done as a partisan

06:04:53 - 06:04:58

effort. This can't be done as Republicans versus Democrats. That's not what health is. That's not

06:04:58 - 06:05:05

what children's health is. We have to love our children more than we hate one another. And we have

06:05:05 - 06:05:13

to create the kind of understanding of what's been happening that will enable all people to say,

06:05:13 - 06:05:19

yes, this is the right thing to do. We don't want to be harming children. We as adults can't do

06:05:19 - 06:05:28

that. It's completely against the universe that adults would be harming their children. And so I'm

06:05:28 - 06:05:37

so happy that we're doing this Simpsonwood exercise today because it really does cast a light on the

06:05:37 - 06:05:44

root of this evil around vaccines for children and the COVID up around it that's been going on for

06:05:44 - 06:05:45

25 years.

06:06:00 - 06:06:08

We're joined now by Dr. Brian Hooker. He is a biochemical engineer, autism researcher and advocate

06:06:08 - 06:06:15

for vaccine safety. He is best known for his collaboration with CDC senior scientist Dr. William

06:06:15 - 06:06:22

Thompson, also known as the CDC whistleblower who came forward with claims of scientific misconduct

06:06:22 - 06:06:29

in CDC vaccine research. Dr. Brian Hooker is currently the Chief Scientific Officer at Children's

06:06:29 - 06:06:35

Health Defense and a professor of biology at Simpson University University. His re analysis of the

06:06:35 - 06:06:43

CDC's 2004 MMR study data revealed a statistically significant link between the MMR vaccine and

06:06:43 - 06:06:51

autism in African American boys. Data that was allegedly omitted from the published study. So let's

06:06:51 - 06:06:57

talk about the revelations from the whistleblower. How did Your communication with Dr. William

06:06:57 - 06:07:04

Thompson begins again and what compelled him to come forward with evidence of misconduct at the CDC?

06:07:05 - 06:07:15

Well, we started conversations in November of 2013 and you know, honestly, Tia, I just got a call on

06:07:15 - 06:07:24

my cell phone out of the blue and it was one Dr. William Thompson. And I have to say I was kind of

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of, you know, in some ways I had an inclination that there might be something there before he even

06:07:34 - 06:07:45

called. And I had sent him some Emails based on a FOIA request that I got back from the cdc. And I

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had sent in some questions because at one point, he started talking about my son's medical record

06:07:51 - 06:07:55

and the fact that my son was participating in a national, national vaccine injury compensation

06:07:55 - 06:08:02

program, you know, behind the scenes, behind my back, you know, way, way back in, like, 2003 and

06:08:02 - 06:08:10

2004. And that really upset me. So, you know, I let him have it in these emails. And so that is kind

06:08:10 - 06:08:17

of what precipitated the first conversation that we had with Dr. William Thompson, is that, you

06:08:17 - 06:08:23

know, I think that, you know, him thinking about my son, realizing my son was vaccinated, injured,

06:08:23 - 06:08:30

really kind of got to him. And then all of a sudden, we're on the phone. Wow, that must have been

06:08:31 - 06:08:38

quite a phone call. So let's talk about that MMR study in 2004, I believe it started in 2001, was

06:08:38 - 06:08:46

published in 2004. What were the original goals of that CDC study, and what key findings did

06:08:46 - 06:08:55

Thompson say were deliberately left out? The original goals of the CDC study were to look at the

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effect of the timing of the MMR vaccine on autism prevalence in a cluster of children in

06:09:04 - 06:09:10

metropolitan Atlanta. And they looked at autistic children, they looked at neurotypical children,

06:09:11 - 06:09:20

and they compared. When did they get the MMR vaccine? And. And the impetus was, if they got the MMR

06:09:20 - 06:09:28

vaccine on time, were they more likely to get an autism diagnosis than if they had delayed the MMR

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vaccine after two years and after three years to see, is there a relationship with these kids that

06:09:35 - 06:09:46

get the MMR vaccine early and autism incidents? What they found found was exactly that. That for all

06:09:46 - 06:09:54

children in the study, the increase in autism incidence, if you got the MMR on time, was 49%. For

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boys in the study, that actually went up to 67%. So they were 67% more likely to get an autism

06:10:02 - 06:10:11

diagnosis. And then finally, they looked at African Americans, and they were about 150 times or 50%

06:10:11 - 06:10:19

more likely or 1.5 times more likely to get an autism diagnosis if they got that MMR on time. When

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you spoke with Dr. Thompson, he kind of redirected you towards requesting specific information. And

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that information actually happened to be the data that he had kept,

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which was withheld from the study that they put out in 2004. So when you revisited the raw data

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provided to you by Dr. Thompson through these FOIA requests, what did your independent analysis

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reveal, and how did it differ from the CDC's published conclusions?

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Well, the CDC's published conclusions did not include the. Those effects. They did not include what

06:11:03 - 06:11:09

I just said in the conversation regarding African Americans and certainly not African American males

06:11:09 - 06:11:15

that were 3.6 times more likely to get an autism diagnosis if they got the MMR on time.

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All that information was missing,

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and they actually deviated from the original study protocol to dilute out those findings. Findings

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to purport falsely that they were not significant. But, you know, honestly, Tia, I had the data for

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a sum total of 15 minutes, and I found it. And I found the African American male effect. It was. It

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was clear as the nose on your face. I would love to say, you know, I'm. I'm this grandiose,

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wonderful epidemiologist. And I looked and looked and found. No, it was, you know, it was. It was

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sort of of like, you know, finding red on a stop sign. It was just absolutely right there. And I,

06:11:59 - 06:12:07

And I called Dr. Thompson and I said, oh, I need to talk to you about this, this African American

06:12:07 - 06:12:14

effect that I saw when I analyzed the data. And his first comment was, oh, you found it? I'm like,

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okay, well, Bill, you know, tell me, what did I find? I mean, you know, obviously I think I was set

06:12:20 - 06:12:26

up to find some. Something. And, and that's when he described the fact that that was found as early

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as November 7, 2001. Yet the result was buried, and ultimately all the records that showed that

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particular effect were destroyed. So after you found these findings, you had your conversations with

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Dr. Thompson,

06:12:47 - 06:12:55

you. You made the decision to publish the data to kind of let the world know what had happened at

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the cdc. According to your conversations with the CDC whistleblower, which was how he was known to

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many for, I think, a good two years. Right? Just about a year and a half to two years. We just heard

06:13:10 - 06:13:16

about this mysterious CDC whistleblower. It wasn't until the movie, Movie Vax came out that we found

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out it was Dr. William Thompson at the CDC. So when you came out with your findings, how did the CDC

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respond? And what was the reaction in this. In the scientific community and the media was. Was it,

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oh, wow, this is great. Now we have some answers to what is going on. Thank you so much for letting

06:13:39 - 06:13:43

us know, letting the public know what's on. Going. Going on. But. But that wasn't it. What was the

06:13:43 - 06:13:52

response? No, the response really at first. The paper came out in July of 2014 in the Journal

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Translational Neurodegeneration. It was sitting there on PubMed. I mean, for everybody to see. The

06:13:58 - 06:14:04

paper showed the effect for African American males. It highlighted the effect for African American

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males. But then through a series of decisions, we decided to come forward with the CDC whistleblower

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story in late August. And so through the Autism Media Channel at the time, then a brief video about

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a 10 minute video was released regarding the recorded phone conversations that I had with the CDC

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whistleblower. And at that point, then all hell broke loose. Within two days, days of that recording

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being released, then my paper was pulled down from the Journal's website. At first it said the

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reason for pulling down that paper was that it was a threat to public health. And so I believe that

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through that video, the CDC caught wind of what was going on and they wanted that paper taken down

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immediately. The same day the paper was taken down, Dr. Thomas Thompson, through his attorney,

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through his whistleblower attorney, released a statement and he talked directly about how that

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effect was hidden. And he said that, you know, the getting that off of his chest vindicated him, it

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vindicated me. But unfortunately not, you know, the way the mainstream media reported it and

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interpreted it was not the story of the African American effect, not the story of the CDC

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whistleblower, but the fact that my paper had been retracted. And so that's what hit the mainstream

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media. CNN, ABC News, NBC, MSNBC, all talked about the debunked scientist, Dr. Brian Hooker. It got

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to be the to the point to you that I thought that my first name was debunked because that's what I

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read in the media. So the revelations of the CDC whistleblower blower to you in conjunction with the

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transcripts that we have from the simpsonwood meeting, the scientific review of the vaccine safety

06:16:06 - 06:16:11

data link, which is how it was known, became known as the Simpsonwood meeting. Can you talk a little

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bit about how those compare and contrast and show the same playbook that the CDC is using?

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For the CDC has studied a sum total of two different issues regarding vaccines and autism. That's

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the MMR vaccine and autism, and then the Marisol containing vaccines. It's Marisol, it's the mercury

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containing preservative that's still in the flu shot that they give to pregnant women and young

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children, young infants. The purpose of simpsonwood was to look at the very, very compelling data of

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Dr. Thomas versus Stratton showing a strong statistically significant effect between timerosal

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exposure and autism incidents in the vaccine safety data link. The purpose of simpsonwood was to

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dilute down those findings and come up with talking points, industry talking points, basically to

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say nothing to see here. And that's exactly the same thing. That they did with the MMR vaccine.

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Again, nothing to see here. And even with the revelation of the CDC whistleblower, the mainstream

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narrative, mainstream media fell lockstep into the CDC saying, oh well, you know, there was this

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effect, but it's been debunked, so you don't need to worry about it. And so, you know, the history

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continues in the mainstream narrative. Nothing to see about vaccines and autism, nothing to see

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about mercury and vaccines and autism, and nothing to see about the MMR vaccine and autism. So based

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on your experience and what you've observed in recent years, do you believe that the CDC has

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improved in terms of data integrity or do the same problems persist? There is no data integrity in a

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captured agency like the cdc. The CDC does not allow the public to access their main database, their

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main reliable database that is the vaccine safety data link. And it should be accessible to the

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public in a de identified form. They always cite privacy concerns. But you know, I'm an

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epidemiologist, I de identify data all the time. You know, we actually go on site when we, when we

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work with practitioners to make sure that when we leave, if we leave with any data, data, there's no

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way that it could be identified to a particular patient. And so it's a very easy thing to do. It's

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facile. I've actually presented ways to the CDC on how they could de identify the data and make a

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publicly releasable form of the vaccine safety data link, but they flat out refuse. And the publicly

06:18:58 - 06:19:06

available database VAERS is a joke. Is an absolute, absolute joke. It captures maybe 1% of all the

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vaccine adverse events that occur in the United States. What do you believe that this says about

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that? The mmr, the MMR study and the like, the Verstraten study. What do you believe these say about

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transparency and accountability in vaccine safety research? And what reforms would you like to see

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moving forward? Forward? Well, they show that the CDC and specifically the immunization safety

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office that produced these two piece of crap studies, you know, these two fraudulent studies is

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completely captured by the pharmaceutical industry and so they become the sock puppets for that

06:19:49 - 06:19:56

industry. And you know, these are fiction. Tia. If we look, we can actually calculate how many, you

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know, hundreds of thousands of autism cases could have been prevented if they would have been

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forthcoming with this information, if they would have changed the vaccination schedule. Not only

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that, but also it shows the big hole in this entire discussion. The fact that there are 16 vaccines

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and myriad vaccine components that we have absolutely no information on regard the relationship with

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these vaccines and autism. And you know, that's a hole in the literature that you know, makes it's

06:20:33 - 06:20:38

cringeworthy. You go to the CDC's website, it says vaccines don't cause autism, but yet they've only

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studied one vaccine and one vaccine component. So we need radical transparency right away. That

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website that says vaccines don't cause autism needs to be taken down, down yesterday. And there

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needs to be a comprehensive study with independent scientists, scientists that are devoid of

06:20:59 - 06:21:07

financial conflicts of interest. And we need that data available to the public right away. There's

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again, like I said before, there's no excuse for not making that information publicly accessible in

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a de identified format so independent scientists can do their own analysis. And we have a problem on

06:21:22 - 06:21:30

our hands. We have a huge autism epidemic that is now in 1 in 34 individuals in the United States.

06:21:30 - 06:21:37

In California, where I live, it's 1 in 22 individuals and that's increased dramatically. There is no

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question about it, it is a real increase and it's a dramatic increase and it's an iatrogenic

06:21:43 - 06:21:50

catastrophe. So just to finish, finish up this conversation, I'd like to give you an opportunity to

06:21:50 - 06:21:57

talk about the research that you did into your book Vax on Vax Let the science speak. You actually

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did the study the CDC refuses to do, which is comparing vaccinated children against unvaccinated

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children. They say that it would be unethical, but it can be done and you've done it. So here's your

06:22:11 - 06:22:18

opportunity to explain what you learned with that research and how it's available for everyone to

06:22:18 - 06:22:26

see. Well, thank you so much. You know, the book Vax Unvax Let the Science Be came out in August of

06:22:26 - 06:22:34

2023 and so it's available at most any bookseller. And I co authored this with Robert F. Kennedy Jr.

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It was quite an honor to be able to work with him. And we were looking for studies on the Internet,

06:22:40 - 06:22:48

Internet that showed a vaccinated group and an unvaccinated group. And when Bobby first asked me to

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do this, I thought, oh, there'd probably be like six to ten studies maybe out on PubMed that we can

06:22:54 - 06:23:01

find. And we'll write up a brief brochure, we'll do some blurbs that he can feature on Facebook and

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Instagram. But really over 100 studies later, we had a book, we had an entire book of these studies.

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And so we wanted to break down each study with really user friendly graphics showing what's the

06:23:17 - 06:23:23

result of the unvaccinated, what's the result of the vaccinated. And we came up with this

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comprehensive analysis and it showed that unvaccinated individuals by far are healthier in many,

06:23:29 - 06:23:37

many ways in many, many different scenarios. And in some instances the vaccines were actually

06:23:37 - 06:23:42

causing the infectious disease that they were meant to prevent in the first place. We saw that

06:23:42 - 06:23:48

specifically with the flu shot, that the individuals that got their yearly flu shot were much more

06:23:48 - 06:23:55

likely to end up in the hospital with the flu. Same thing with COVID 19. If you got the COVID shot,

06:23:56 - 06:24:03

your incidence of getting COVID 19 actually went up. And so you know these stunning findings. Again,

06:24:03 - 06:24:11

honored to write a book with RFK Jr. Now the secretary of Health and Human Services. And it was a

06:24:11 - 06:24:20

real stunning admission of the health of unvaccinated children and unvaccinated adults. Dr. Brian

06:24:20 - 06:24:26

Hooker, we love you. We appreciate you so much and all the work that you're doing and thank you so

06:24:26 - 06:24:32

much for being a part of this. Well, thank you Tia. Always a pleasure. Anytime I get to work with

06:24:32 - 06:24:36

Tia Severino is time well spent. So thank you for doing this.

06:24:41 - 06:24:48

We're joined now by Polly Tommy, director of CHD TV and producer of the Vaxxed documentary series

06:24:49 - 06:24:55

dedicated to exposing vaccine images, injury and giving a voice to the injured.

Polly, let's look

06:24:55 - 06:25:03

back at Vaxxed from COVID up to catastrophe. How did that film change the conversation around vaccine

06:25:03 - 06:25:10

injury? What happened when we filmed Vax and we put it out is that it opened up a whole new world of

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people. So I was out there banging the drum about MMR injury because that's what happened to my son.

06:25:16 - 06:25:20

I had no idea there were people out there that had babies that died from vaccines or the guard was

06:25:20 - 06:25:26

so shot didn't know anything about that. And so they came to us to tell their stories and we were

06:25:26 - 06:25:33

eyes were opened to the fact that all vaccines can and do cause death and injury. We had no idea

06:25:33 - 06:25:38

when we started out that this was the case. And there's so many of us as well. I mean we only just

06:25:38 - 06:25:44

scratched the surface with what we found. But every day more and more and more people are coming to

06:25:44 - 06:25:48

tell their story. It's catastrophic really what has happened happened to the world through vaccine

06:25:48 - 06:25:54

injury and Vax really exposed that that was the one that went out there and began the movement of

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you can tell your story and if you get taken down, you've got a safe place with us to tell your

06:25:59 - 06:26:07

story. VAX 2 the People's Truth and now VAXXed 3 authorized to kill have documented countless

06:26:07 - 06:26:15

personal stories. What common Themes have emerged from these testimonies. Well, first of all, when

06:26:15 - 06:26:19

you hear a vaccine injury story you think you've heard it all but actually there's a common thread

06:26:19 - 06:26:25

with the whole thing. These people, the babies, the children, even the adults with the injury, they

06:26:25 - 06:26:31

were all fine and healthy before and afterwards it's just this devastating trail of destruction that

06:26:31 - 06:26:37

happens. So the dead babies all have the same theme. There were beautiful, bubbly, bright eyed

06:26:37 - 06:26:42

babies, they go and take the vaccinated, the eyes are glazed over and then they die in the night.

06:26:43 - 06:26:48

All the same stories. Then you get the autism stories exactly the same thing. We had these beautiful

06:26:48 - 06:26:53

children but normally around the age of 1 to 2 they had these great amounts of vaccines. In fact my

06:26:53 - 06:26:58

son only had one and that was enough to take him out. Seizures and they're all saying the same

06:26:58 - 06:27:03

thing. You know, we're giving them Tylenol for their anti, for their ear infections and tons of

06:27:03 - 06:27:08

antibiotics. Then they get their vaccine, vaccines and then they regress and many incidences they

06:27:08 - 06:27:12

die as well. And then you've got the Gardasil all with the same injuries and they all talk about the

06:27:12 - 06:27:18

burning underneath their skin and the tremors. So each vaccine they have the same traits going

06:27:18 - 06:27:23

through. And it got to the stage on the bus that we could tell if it was a garden cell injury

06:27:23 - 06:27:28

walking towards us. We knew straight away from the symptoms that we'd been hearing over and over

06:27:28 - 06:27:32

again, we've got a garda cell coming. We could see that the pain of the mothers that lost their

06:27:32 - 06:27:39

baby, babies. We could feel the exhaustion and desperation of the autism parents. It was just we're

06:27:39 - 06:27:45

all telling the same story. It's science that is the real science. We the people have done the

06:27:45 - 06:27:51

study, the Vax on Vax study, it is there amongst us. So yes, we really could tell. All the injuries

06:27:51 - 06:27:57

were all saying the same thing worldwide. So how did your work with Vaxxed lead to your role at CHD

06:27:57 - 06:28:05

tv? And how is CHD TV continuing to amplify these critical conversations? Conversations? Well, after

06:28:05 - 06:28:10

Vax we continued to tell stories. We went out on the bus and just the stories were never ending. It

06:28:10 - 06:28:15

was only because of COVID that we had to pull the bus back. But the story still kept coming in. And

06:28:15 - 06:28:23

so Mary Holland graciously and Laura Bono graciously offered me the job director of CHD tv. And I

06:28:23 - 06:28:28

kind of jumped at the chance really because it was another avenue and a place for parents voice to

06:28:28 - 06:28:32

be heard and they agreed that that was a very important, important mission for children's Health

06:28:32 - 06:28:37

Defence that the parents talk about the injuries that happen to their children. And still to this

06:28:37 - 06:28:42

day, that is what we specialize at CHD tv. Being the voice of these parents. Breaking down the news,

06:28:42 - 06:28:48

as we all know, is full of misinformation telling us these vaccines are safe and effective. So we

06:28:48 - 06:28:54

bring the experts on to break that down and we continue to tell these stories and every day we're

06:28:54 - 06:28:59

putting out a story, at least one story. And you know, with the measles death, we managed to put

06:28:59 - 06:29:05

that story right because the child did not die of measles. And now obviously we have another baby

06:29:05 - 06:29:09

that's just died and the parents are standing up. So the parents are becoming brave and talking

06:29:09 - 06:29:14

about their story of their dead children or injured children and they're coming to CHD to tell their

06:29:14 - 06:29:20

story because they know that we won't edit it and we will tell the truth on behalf of their loved

06:29:20 - 06:29:25

one that so tragically died. These babies don't need to be dangerous dying. These children don't

06:29:25 - 06:29:32

need to be injured beyond belief. What we face ahead now is unbearable for the future generations

06:29:32 - 06:29:36

because someone's going to take care of all of our children when we're not around. They don't

06:29:36 - 06:29:41

necessarily die before us. Yes, we have high drowning issues and things like that, but on the whole,

06:29:41 - 06:29:47

with the autism, on the whole, these children are going to need to be looked after for life. And

06:29:47 - 06:29:51

that is something that we have to address because. And we have to stop this. And that's what

06:29:51 - 06:29:55

Children's Health Defence are fighting to do through legal, through science, through the Defender,

06:29:55 - 06:30:02

through the hgtv. And we will never, ever stop until this, this stops. What message do you have for

06:30:02 - 06:30:08

families affected by vaccine injury who want to share their stories and take action? Yeah, the

06:30:08 - 06:30:13

message I have for parents out there is if you vaccinated your children, it doesn't have to be an

06:30:13 - 06:30:18

injury of autism or, or anything. It can be gut issues, all these things. Your child was fine before

06:30:18 - 06:30:25

and now has this dreadful eczema or the shakes or the eye squint or whatever it may be. We need to

06:30:25 - 06:30:29

hear your stories because there's no one out there that's going to be doing this for you and keeping

06:30:29 - 06:30:34

it a record. We have our own VAERS system running at Children's Health Defense and we have our

06:30:34 - 06:30:40

dedication page. We are documenting every single story and we will continue to do that. So please,

06:30:40 - 06:30:46

please be brave. I know it's, it can be scary to, to go and talk, but we can pre record and you can

06:30:46 - 06:30:51

Take anything out you don't like. But we must get these stories out because we are powerful together

06:30:51 - 06:30:56

as a team. What they did to our children is not okay. It's not our fault as parents. We were lied

06:30:56 - 06:31:01

to. So if you can come to us and tell your story, then this helps to stop this happening to another

06:31:01 - 06:31:05

child. We don't. We cannot have any more dead babies or any, any more children injured like my

06:31:06 - 06:31:13

Billy, who will never live a life independently because of one vaccine, one moment in time or

06:31:13 - 06:31:19

mistake that we made because we were lied to. So know that you're not on your own and come to CHD TV

06:31:19 - 06:31:27

and tell us your story so that we can put a stop to this bonus question. What is your hope going

06:31:27 - 06:31:34

forward? As we now have Robert F. Kennedy Jr. As the head of HHV, as looking at the path forward,

06:31:34 - 06:31:37

what is your hope? What would you like to see happen?

06:31:39 - 06:31:44

What I would like to see happen is that parents are given true informed consent. And by that I mean

06:31:44 - 06:31:50

the real truth behind what is in a vaccination. Because there is no way that anyone would put in

06:31:50 - 06:31:57

their most precious gift, their child, all the toxins and evil ingredients in a vaccination if they

06:31:57 - 06:32:03

knew the truth, true ingredients, and also what it can do to your child. So we have to stop that. We

06:32:03 - 06:32:09

have to stop the mainstream media who play a huge part in this lying and telling people that, you

06:32:09 - 06:32:14

know, a little girl died of me measles. And so all these parents rush out and then they go and get

06:32:14 - 06:32:19

the vaccination. These lies have to stop. The truth has to come out. And parents need to be able to

06:32:19 - 06:32:24

do what they want with their child, what they feel is best for them with their religious beliefs or

06:32:24 - 06:32:28

whether they just as a mummy gut feeling that they don't want to do that. And the real thing that

06:32:28 - 06:32:36

has to happen is the undeniable health of the unvaccinated child has got to be exposed. Because once

06:32:36 - 06:32:43

parents and people see how healthy unvaccinated individuals are, then that's a game changer. So not

06:32:43 - 06:32:48

just for vaccines, but for all medications. Hospital protocols need to be changed. This all has to

06:32:48 - 06:32:53

stop. People are being killed in hospital hospitals and all of that has to stop. So I'm hoping that

06:32:53 - 06:32:58

Bobby Kennedy actually does and is able to put a stop to all the evilness and lies out there that's

06:32:58 - 06:32:59

killing our children, killing the future.

06:33:06 - 06:33:11

I was concerned about the vaccine schedule when my son Luke was born in 2006.

06:33:13 - 06:33:21

I wanted to be cautious. I refused the hepatitis B shot at birth. I Didn't see why a newborn needed

06:33:21 - 06:33:29

that. But when we got to the pediatrician's office, I was pressured. A nurse bullied me. She told me

06:33:29 - 06:33:30

I was endangering my child.

06:33:32 - 06:33:42

So I gave in. But still, I didn't go all in. I did what so many cautious thinking parents try to do.

06:33:43 - 06:33:54

I spaced them out one at a time. No thimerosal, no combination vaccines, no dtap, no mmr. I thought

06:33:54 - 06:33:55

it was being safe.

06:33:58 - 06:34:06

Luke only received four vaccines by the time he was six months old. Hepatitis B,

06:34:08 - 06:34:14

Hib, meningococcal, and flu. That's it. 4.

06:34:17 - 06:34:18

But it was enough.

06:34:20 - 06:34:27

By the time he turned 2, Luke was diagnosed with autism. The doctor who made the diagnosis was a

06:34:27 - 06:34:33

close friend, a doctor I trusted. She was the one who had told me to stop vaccinating him at six

06:34:33 - 06:34:40

months. Months. She said it wasn't safe. And I did. But the damage was already done.

06:34:42 - 06:34:49

That's why now I tell parents that spacing them out does not make them safe.

Choosing some vaccines

06:34:50 - 06:34:53

doesn't make them safe. It didn't protect my son.

06:34:56 - 06:35:03

Not long after his diagnosis, Luke was enrolled in the CDC's CD study. The study to explore early

06:35:03 - 06:35:11

development. The CDC called it the most comprehensive study of autism causes ever conducted. They

06:35:11 - 06:35:20

collected DNA, medical history, mine and his father's vaccine exposure. Multiple evaluations were

06:35:20 - 06:35:27

done. Developmental testing. They even took stool samples. I know what kind of data they they got.

06:35:30 - 06:35:37

They had everything they needed. They have everything they need. A gold mine of data. And they've

06:35:37 - 06:35:40

done nothing meaningful with it when it comes to vaccines.

06:35:42 - 06:35:50

Dr. William Thompson, the CDC whistleblower, he even mentioned the seed study in his recorded calls

06:35:50 - 06:35:59

with Dr. Brian Hooker. He knew what they had. He knew they are sitting on the truth. I read his

06:35:59 - 06:36:06

words in the Vaccine Whistleblower book by Kevin Berry. The transcripts of the recorded calls with

06:36:06 - 06:36:15

Dr. Hooker. He called it the motherload of data. They have had the key to the answer all along.

06:36:18 - 06:36:19

They barely buried it.

06:36:22 - 06:36:30

After the movie Vaxxed came out, I knew I couldn't just sit back. I stood outside the CDC with

06:36:30 - 06:36:38

signs. I joined protests. I marched. But I realized they weren't listening. We weren't being heard.

06:36:39 - 06:36:49

For years, we protested Ginny McCarthy's Green R vaccines rally in D.C. see, California parents came

06:36:49 - 06:36:59

out by the hundreds to protest SB277 and SB276. And in New Jersey, a protest actually saved

06:36:59 - 06:37:08

religious exemptions. Health Freedom warriors showed up at state capitals all across the country. We

06:37:08 - 06:37:17

protested outside the CDC over and over again. Again. Many times. It felt like we were shouting into

06:37:17 - 06:37:25

the wind. Then Josh Coleman came along. With these four vaccines, he really stepped things up. Those

06:37:25 - 06:37:31

bold black and white signs started showing up at massive public events.

06:37:33 - 06:37:43

Disneyland, Comic Con, DragonCon, live tapings of TV shows. And they got seen. They made it into the

06:37:43 - 06:37:51

press. People started asking questions. That campaign changed the game. But even though so many

06:37:51 - 06:37:58

people were showing up, not a lot changed. I'm not saying it was a waste of time, but we needed to

06:37:58 - 06:38:05

do more than preach to the choir or try to shake the sleeping public awake. The people making the

06:38:05 - 06:38:16

decisions needed to hear from us. Us. So in 2018, we took it inside. We started attending the CDC's

06:38:16 - 06:38:25

ACIP meetings, advisory Committee on Immunization Practices. At first there was just a few of us,

06:38:26 - 06:38:33

and then Lynette Barron and I got the bright idea to start flooding the place with our voices.

06:38:35 - 06:38:46

We called it Inundate the CDC ACIP meetings. We brought in doctors, nurses, scientists, parents. One

06:38:46 - 06:38:53

by one, we gave public comment on the record. We flipped the script. Good evening everyone. My name

06:38:53 - 06:39:01

is Tia Severino. This is my son Luke. He's 11 years old. He has autism. It seems to me, based on

06:39:01 - 06:39:10

what I've observed today, and also based on the online viewing of previous ACIP meetings, that this

06:39:10 - 06:39:17

panel is tasked with making very important decisions that affect a lot of people. And perhaps you're

06:39:17 - 06:39:23

making those decisions without fully understanding how those decisions may affect some people,

06:39:23 - 06:39:31

especially children. Children. From what I can ascertain, the data sets that you have to go on are

06:39:31 - 06:39:39

epidemiological studies that do not look at a placebo based control group and the passive reporting

06:39:39 - 06:39:47

system known as vaers. My son is vaccine injured. He has autism. I also have two other members in

06:39:47 - 06:39:53

the family that have vaccine injury, myself included. My last TDAP vaccine gave me severe nerve

06:39:53 - 06:39:59

damage back in 2008. My son was one of the first participants in the study to explore early

06:39:59 - 06:40:07

development. As a CDC sponsored study called the SEED study, my son participated in it. They

06:40:07 - 06:40:12

followed him for about three years. They took extensive medical histories, evaluations,

06:40:14 - 06:40:17

complete vaccination record, stools, every.

06:40:19 - 06:40:25

I know how extensive that data was. So this study was exhaustive. It looked at the vaccination

06:40:25 - 06:40:30

records of both autistic and neurotypical children. And I believe there was six locations where they

06:40:30 - 06:40:37

looked at these children. The study has been referred to by one of CDC's top scientists, Dr. William

06:40:37 - 06:40:45

Thompson, as the motherlode of data. A massive amount of data which to date has not been examined

06:40:45 - 06:40:49

for clues to the relationship between autism and vaccines.

06:40:51 - 06:40:57

I would like to encourage this panel to examine that data because the thousands of us mothers who

06:40:57 - 06:41:04

watched our children regress after vaccines were simply not satisfied being told the science is

06:41:04 - 06:41:11

settled. Vaccines don't cause autism. We know what we saw happen to our kids. Thank you. And they

06:41:11 - 06:41:12

noticed.

06:41:13 - 06:41:22

Soon after they tightened access. You had to pre register. They added security, velvet ropes,

06:41:22 - 06:41:29

lottery systems. You had to be chosen to speak clearly. They were scared of the truth. We were

06:41:29 - 06:41:37

bringing into that room. But we didn't stop. In June 2000, CDC held a secret meeting called

06:41:38 - 06:41:43

scientific review of vaccine safety Data Lake at the Simpsonwood Conference center to discuss the

06:41:43 - 06:41:51

problems with the Verstratin study looking at thimerosal in vaccines. The transcripts were leaked

06:41:51 - 06:41:58

showing the very intimate relationship between the CDC and pharma. @ this meeting they determined

06:41:58 - 06:42:03

that there was, quote, no way to massage the data to get the signal to go away.

06:42:05 - 06:42:12

Conveniently, the original study data disappeared. And in 2003, Verstraten produced another study

06:42:12 - 06:42:20

using children too young to receive a diagnosis. In June and sorry. In 2004, CDC published Age at

06:42:20 - 06:42:24

first measles, mumps, rubella, vaccination in children with autism in school matched control

06:42:24 - 06:42:32

subjects a population study in metropolitan Atlanta comparing on time versus late administration of

06:42:32 - 06:42:37

mmr. There was no comparison to children who did not receive the vaccine.

06:42:38 - 06:42:44

The findings from this study were so troubling that a decision was made to omit altogether the data

06:42:44 - 06:42:53

showing the signal. This was used to dismiss nearly 5,000 cases, not as the autism omnibus

06:42:53 - 06:42:59

proceedings in the vaccine injury compensation program. According to Dr. William Thompson, this

06:42:59 - 06:43:03

study was the lowest point in his career. And today he has massive guilt when he encounters families

06:43:03 - 06:43:10

with autism. He knows he was part of the problem. In 2014, Thompson said the CDC has put the

06:43:10 - 06:43:12

research 10 years behind.

06:43:13 - 06:43:19

Now we're 15 years behind because the CDC is paralyzed by anything to do with autism.

06:43:21 - 06:43:27

Criminal acts of scientific fraud gone unpunished. In fact, we said we were going to keep going

06:43:27 - 06:43:35

until they figured out how to shut us out. And they did. The last time we were allowed to speak in

06:43:35 - 06:43:45

person was February of 2020, right before COVID That was it. In February 2018, I watched this panel

06:43:45 - 06:43:54

unanimously approve the new HEPA B vaccine for hepatitis B. This vaccine contains a new adjuvant

06:43:54 - 06:43:59

that has not been tested with other vaccines. It is completely unknown how it will interact with

06:43:59 - 06:44:06

adjuvants currently being used. Questions were asked about this and your secretary stated that

06:44:06 - 06:44:13

generally speaking, vaccines can be given at the same time as other vaccines, but should be given in

06:44:13 - 06:44:20

a typical Limb giving vaccines in different limbs does nothing to stop them from mixing in the body.

06:44:21 - 06:44:28

This is common sense. Yet this ridiculous notion was accepted by this panel. Everyone voted yes.

06:44:30 - 06:44:37

After voting, one of you did express concerns about the heart attacks in the trials and asked when

06:44:37 - 06:44:45

information would be available from the public data surveillance system. The answer? It'll require

06:44:45 - 06:44:47

people to be using the vaccine.

06:44:52 - 06:44:59

This vaccine was rejected twice by the fda. But now that you approved it for market our children,

06:44:59 - 06:45:06

the public get to be experimented on. I have a problem with that. You should have a problem with

06:45:06 - 06:45:07

that. That

06:45:09 - 06:45:15

patients must be told about all potential risks with medical procedures. But for three years, the

06:45:15 - 06:45:21

public has not been told that they're part of a test group. After that, they moved all the meetings.

06:45:22 - 06:45:26

Virtual to this day. But we're not done. Not even close.

06:45:28 - 06:45:35

I tell Luke's story because it's not just about what happened to my son. It's about the countless

06:45:35 - 06:45:43

families just like mine who trusted the system, tried to be careful, and still lost so much. We

06:45:43 - 06:45:52

deserve answers. And we'll keep showing up inside those rooms, behind those microphones, in the

06:45:52 - 06:45:59

halls of power, whenever, wherever we can go to speak truth to power until they're forced to live.

06:45:59 - 06:46:08

Listen, this is personal. This is why I fight. I know we're on the right side of history and I'm not

06:46:08 - 06:46:12

backing down. Not now, not ever.

06:46:19 - 06:46:31

Through the madness and the lies as they're holding back the truth no matter what they try I will

06:46:31 - 06:46:33

always fight for you

06:46:40 - 06:46:53

I will save your innocence they are trying to remove I am here at your defense and I will always

06:46:53 - 06:46:54

fight for you

06:46:57 - 06:47:09

Yes, I will always fight for you I will stand here in the way and I will not give up on you I will

06:47:09 - 06:47:12

shield you from the pain

06:47:19 - 06:47:31

in the battle on the field there is evil on the move But I hope that you can feel that
I will always

06:47:31 - 06:47:33

fight for you

06:47:39 - 06:47:50

in the darkness of of the times there's a light that shines the proof it'll soon reveal
the crime So

06:47:50 - 06:47:54

I won't stop this fight for you

06:47:56 - 06:48:08

Yes, I will always fight for you I will brave every attack and I will not give up on you
I will

06:48:09 - 06:48:11

always have you back.

06:48:17 - 06:48:28

So to every single mother, father, stand up for your sons and daughters do not
back down, don't let

06:48:28 - 06:48:35

up. You are all they have for armor so make this a war to win

06:48:37 - 06:48:47

look in their eyes and tell them that I will always fight for you I will stand guard at
the gate and

06:48:47 - 06:48:54

I will not give up on you I will stop each shot they take

06:48:57 - 06:48:59

Yes, I will Always, always fight for you.

06:49:03 - 06:49:06

I will always fight for you.

06:49:13 - 06:49:21

Well, I'm joined today with the fabulous Dr. James Lyons Wyler. Welcome Dr.
Lyons W. It's so good to

06:49:21 - 06:49:27

see you. Thank you Tia. It's good to see you again too. What led you to start
researching vaccine

06:49:27 - 06:49:34

injury? How has your perspective evolved over time? Well, I tried to write a chapter on vaccines. My

06:49:34 - 06:49:40

intent in going into this chapter in my book Cures vs Profits was to celebrate vaccines as the major

06:49:40 - 06:49:47

medical achievement that they are represented. As I decided to create an outline for the chapter

06:49:47 - 06:49:53

Vaccines are safe, Vaccines are effective. Andrew Wakefield Basically everything everyone knew or

06:49:53 - 06:49:59

thought they knew. And then I obviously being a research scientist, had to go look at the claims

06:49:59 - 06:50:05

that were made in those three statements. Vaccines are safe, Vaccines are effective. And Andrew

06:50:05 - 06:50:11

wakefield. This was 2014 when I was doing the research far before most people who are skeptical of

06:50:11 - 06:50:14

the public health message messaging of CDC

06:50:16 - 06:50:23

woke up, so to speak. And when I studied the research and read all of the studies on the claim

06:50:23 - 06:50:29

vaccines are safe, I realized what they had been doing was finding problems with vaccines and then

06:50:29 - 06:50:38

reanalyzing the data in a systematic way to attempt to find and discover any approach to data

06:50:38 - 06:50:44

analysis or design of the study to make the associations and the correlations go away. Associations

06:50:44 - 06:50:49

between vaccines and autoimmunity association between vaccines and neurodevelopmental disorders were

06:50:49 - 06:50:57

among the most disturbing. And I realized full stop there, if what I'm seeing is correct, then we're

06:50:57 - 06:51:05

flying blind with the national vaccine program approved by ACIP and mandated in many cases in many

06:51:05 - 06:51:12

states. When I looked at the studies on vaccine efforts efficacy, it was really clear that many of

06:51:12 - 06:51:16

the vaccines that we were told that were protecting children and the immunocompromised from

06:51:16 - 06:51:24

infection either never protected from transmission. This is before COVID 19 and the MRNA vaccine

06:51:24 - 06:51:24

debacle.

06:51:26 - 06:51:33

They either never protected or that their effectiveness was waning over time so badly that they had

06:51:33 - 06:51:38

to implement booster programs. In the case of pertussis acellular pertussis vaccines, there's no

06:51:38 - 06:51:44

evidence whatsoever that they protect from transmission or from a viable infection. They simply

06:51:44 - 06:51:49

reduce the symptoms to the point where you become an asymptomatic carrier.

And around that time

06:51:49 - 06:51:55

there was a great deal of messaging that grandparents and people who were unvaccinated were a threat

06:51:55 - 06:52:01

to newborns. So much so that they had an advertisement of grandma and grandpa turning into a wolves

06:52:02 - 06:52:07

holding their infant, grandson or granddaughter. There's something out there. It's a highly

06:52:07 - 06:52:14

contagious disease. It can be especially serious Even fatal to infants.

Unfortunately, many people

06:52:14 - 06:52:20

who spread it may not know they have it. It's called whooping cough. And the CDC recommends

06:52:20 - 06:52:26

everyone, including those around babies, make sure their whooping cough vaccination is up to date.

06:52:26 - 06:52:31

Understand the danger your new grandchild faces. Talk to your doctor or pharmacist about you and

06:52:31 - 06:52:37

your family getting a whooping cough vaccination today. The most likely source and reservoir of

06:52:37 - 06:52:42

pertussis in the human population, if there's a sustained transmission chain, which is very

06:52:42 - 06:52:49

difficult because you, you get this from people who are infected, who are symptomatic to, to enough

06:52:49 - 06:52:54

to spread. The symptoms include the, the coughing and, and so on. But nevertheless, the most

06:52:54 - 06:53:01

important reservoir are probably medical health care providers who are required to vaccinate against

06:53:01 - 06:53:08

pertussis using the acellular pertussis vaccine every 10 years. So based on your research, what are

06:53:08 - 06:53:14

the primary biological mechanisms behind vaccine injury? There are a large number of them. I mean,

06:53:14 - 06:53:20

we have a great diversity of different opportunities for vaccines to, to cause harm. They are

06:53:20 - 06:53:26

immunomodulatory, they change the immune system in some way. Probably the most significant one,

06:53:26 - 06:53:32

because there are so many different proteins in pathogens that are included in vaccines, is

06:53:32 - 06:53:38

molecular mimicry leading to autoimmunity. This is demonstrated by peer reviewed studies. We have to

06:53:38 - 06:53:44

change the national discussion from is it safe to vaccinate or is it better to have natural

06:53:44 - 06:53:50

immunity? That is, is it injection or infection that has the greater risk to the question of why in

06:53:50 - 06:53:58

the world do we even want any pathogenic proteins from either source to be repeatedly exposed to the

06:53:58 - 06:54:04

human immune system? Because molecular mimicry actually can cause autoimmunity. Because the shape of

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the molecule, the protein and other molecules can actually match our own human protection proteins.

06:54:12 - 06:54:16

So if you train the immune system with vaccines to attack that particular shape with the antibodies,

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it makes a mistake and it goes after tissue on our, in our own bodies. The other problem, the second

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problem, is chronic immune activation, where you simply do not see children in any history of

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humanity getting measles, mumps and rubella four and five times. You see them getting these diseases

06:54:37 - 06:54:43

once and then they are, they have natural immunity and so they're protected. This idea that we can

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repeatedly stimulate the immune system with not just the proteins, but also aluminum adjuvants or

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other kinds of adjuvants and not expect that to have a skewing effect on whether our immune system

06:54:58 - 06:55:04

is quiescent, that is just waiting in surveillance mode, or chronically thinking that there's a, an

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active infection, that it has to fight. And then you have mitochondrial dysfunction and oxidative

06:55:11 - 06:55:15

stress that can occur. There's evidence that some vaccines can cause mitochondrial dysfunction. But

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if you're born with a mitochondrial mutation in the mitochondrial genome, you can end up with the

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inability to power important cellular processes such as detoxification. And we'll get into that, I'm

06:55:28 - 06:55:34

sure, in a little while. But the actual toxins that are present, present in toxicants, that are

06:55:34 - 06:55:42

present in vaccines, require our body's detoxification systems. And if you can't power your cells,

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you just, you can't, literally can't move those toxins out of the body. Then some vaccines cause

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blood brain barrier disruption due to their constituent ingredients.

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And then of course, this is the on top of a genetic risk if you already have a genetically

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susceptible individual who happens to have an impaired blood brain barrier. So the expectation that

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vaccines are safe and effective for everyone is obviously not true.

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And of course, if we're actually trying to address a pathogen that's circulating and you train the

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immune system to go after one variant or one type of that pathogen, and then the pathogen evolves or

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changes, you can get aberrant immune imprinting or original antigenic sin. And then this can lead to

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immunopathologies where the immune system can actually become kind of a tool of the pathogen because

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the immune system is misdirected against the wrong type. And this is present in HPV vaccination.

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It's precedent in Covid vaccines. Evidence by virtue of loss of protection, obviously, for pertussis

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and for mumps. So, yeah, this original antigenic sin is another potential way that the vaccines can

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actually damage the immune system because it's programmed by vaccination to respond in a

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maladaptive, sometimes pathogenic manner when it's re exposed. Can you explain how vaccine adjuvants

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like aluminum can contribute to autoimmunity, neurological disorders and conditions, Conditions like

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autism? Yeah, at this point, aluminum autoimmunity and neurological impacts are really well known.

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Aluminum adjuvants are potent immunotoxins, as we just discussed, and neurotoxins, they actually

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stimulate a persistent Th2 immune response. And this can shift the immune balance in ways that

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promote autoimmune responses. They also result in chronic microglial activation in the brain. Kids

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with autism from the age of 5 to 20, 25 have chronic microglial activation, as if the brain, brain's

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immune system, the microglial cells, are convinced that there's some rampant local infection or

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injury that they have to go tend to These microglial cells are actually present with multiple

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functions. They, you know, prune away the brain, as we learn, they clean up cellular debris and

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remove that. They help fight infections, but they also actually hand hold dendrites and axons

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together during the learning process. If those cells are not available during the pruning process or

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the learning process, you're going to have aberrant long range connections in the brain that should

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not be there. And that's part of the autism brain phenotype. That particular evidence is all

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documented in my book the Environmental Genetic Causes of Autism. Autism for which I read 2000

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studies. But there are many studies now, like Sean Tomlinojevic, that show that aluminum crosses the

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blood brain barrier and that it accumulates in neural tissue and it contributes to this neural

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inflammation. So any neuroinflammation like that, especially if it's chronic and the microglia are

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not available for normative neurodevelopment, the that can cause developmental delay, speech

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regression, other hallmarks consistent with autism spectrum disorder. And then of course, aluminum

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is an adjuvant that encourages immune reactions to proteins. As we discussed earlier, if you have

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molecular mimicry and the aluminum adjuvant is present, any exposure to proteins that look like

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human proteins will create self antigens out of those proteins. Vaccines, which can alter any number

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of the biological pathways, including epigenetic modifications. You really have a cocktail there for

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chronic, possibly persistent and permanent immune dysregulation and neurodevelopmental disorder. How

06:59:41 - 06:59:46

do genetics play a role in determining which individuals may be more vulnerable to vaccine injury?

06:59:47 - 06:59:53

Sure, I said earlier that, you know, not everyone can detoxify as well as everyone else. This is a

06:59:53 - 07:00:00

huge reality that we have to face as a nation and as, as a species. There are people who simply have

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very little ability to clear toxins or intoxicants from their environment that get into their body.

07:00:08 - 07:00:13

There's a good study by Scott Faber that shows that if you take kids with autism and you put them

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into a clean room for 24 or 48 hours, that their ADOS score actually improves and the number of the

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diversity, an amount of organic pollutants in their blood actually reduces. And then if you look at

07:00:27 - 07:00:34

kids that have autism and kids that don't have autism, same group study out of Pittsburgh, the kids

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that have the worst days, the highest ADOS scores with autism have the highest amounts of organic

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pollutants in their blood detectable. And then across the same range, neurotypical kids don't have a

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correlation correlation. They don't have high versus low when it comes to the radar scores and

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amount of environmental pollutants. But the genetic basis of this is now worked out. We actually

07:00:58 - 07:01:04

have a course at ipec Edu on genes and vaccines, and these include, of course, the mthfr. So you

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have to be properly methylating to turn genes off. You have to have a proper functioning

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mitochondrial genome that's not impaired by injury or, you know, have an impairment by mutation. But

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there's detoxification pathways that are directly in line with the genetics. If you have ultra GST

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or COMT, you can have immune responses like HLA and TLR polymorphisms, and then important

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neurodevelopmental genes like SHANK and

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MECP2, et cetera. There's a great diversity among the human population

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in these genes with respect to genetic variation. There are many ways to get a loss of function in

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these. And so individuals that don't have properly functioning detoxification pathways, properly

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functioning immune response genes, or even some properly functioning neurodevelopmental disorder

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genes, neurological development genes, I should say these children are going to have a diminished

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capacity to safely process vaccine components. So I think it's unethical to ignore genetic

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susceptibility when we know it influences both the severity and type of adverse reactions. It's

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absolutely fundamental, basic science and, and giving this information, if you have a family history

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of atopi, if you have a family history of eczema, if you have a family history of autoimmunity, have

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family history of vaccine injury, and now I would dare say autism and speech delay and that kind of

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thing, you can combine that information with genetics potentially. And through research at the new

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nih. I'd like to see them fund research where we can use prediction science and we can actually tell

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people, I'm sorry, but you're contraindicated for this vaccine or for these particular vaccines of

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this type. This way we get these kids out of harm's way before the injury occurs. They can undergo

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their normal neural development. But it's not just vaccines. I have to stress, it's important that

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if your child or anyone's child that you know has a problem with detoxification. The moms of kids

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with autism taught the entire world this now that it's important to make sure that all organic

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pollutants and all kinds of things do not go in that child's body from the wrong type of food, food

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diet, food additives and so on. And so that's why we have to look at all the exposures, not just

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vaccines, when it comes to Autism. What are the biggest problems with the way that vaccine safety

07:03:26 - 07:03:34

studies are currently conducting, conducted, and how do they fail to detect risks? In 2015, I did a

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deep dive into the scientific literature and I read all of the studies that were being cited that

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showed ostensibly that vaccines do not cause autism, as I said. And in looking at that, I found that

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they were performing the analysis one time and then they would change the analysis again if they

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found a problem with vaccines. If they didn't find a problem, they kept the result. But they had

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sometimes had to reiterate that 4, 5, 6, 7, 10 times to find a specific combination of settings on

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the knobs and dials of the data analysis plan. It's called P hacking. So that they P hacked their

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way to find no association with autism or with other neurodevelopmental disorders, specifically to

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mislead the public and the government. I would say in this case it was oftentimes CDC contracted

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researchers who were doing it with advice and consent from members within the cdc. We know this now.

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So they often also lack proper controls where they just use another vaccine or aluminum containing

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placebo, for instance, instead of going forward with a saline placebo. The follow up period of time

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after exposure to the vaccine is far too short. It should be years, not just four or five days. And

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then one of the tricks that's used is to exclude vulnerable populations. So when you do a study, a

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randomized clinical trial, you're not supposed to exclude people from the trial and then turn around

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and say, therefore the product is safe for everyone. Imagine if we excluded all women from studies

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like we used to years and years ago. So you have drugs for heart disease or for weight loss or blood

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pressure or something like that, and you only study a subtype of the population. Population. You

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then can't generalize to all of the rest of it. Now that subtype might even be in the majority. But

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the problem is we're talking about events and diagnoses that in the clinical trials they appear to

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be rare. And then you take the product to market and then you, you find through retrospective

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studies of passive data acquisition tools like VAERS and others that it's not so rare. Well, how do

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they get there in the first place? Well, these exclusion of vulnerable population biases your sample

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towards, you know, people for which vaccines are safe. And so back to the prediction science

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message. If we can do that in the clinical trial, then why aren't we doing that? Upon translation,

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and I actually call this translational failure. Translation is the idea that we can take biomedical

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knowledge from research and bring it to market and then improve public health, improve overall

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health, whether, forget the public health paradigm, just improve human health. And so, you know, if

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we can do that during clinical trials enough to avoid finding adverse events, can't we do that in

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clinical practice? This is a pathway forward by which I think we can really make America healthy

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again very quickly by keeping people out of harm's way. And so, you know, the last thing I would say

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is that the passive surveillance systems like vaers, they're not good enough by any means. First of

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all, they're highly curated. We know in COVID 19, Dr. Jessica Rose and many other people went in and

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watched them remove reports of vaccine injury without any justification to reduce the number, to

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break the association. Who knows what they were doing. But these passive surveillance systems have

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to be transformed into active surveillance systems upon which all of the health outcomes of people

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that are exposed to vaccines, and I would dare say all kinds of drugs are tracked in a way where

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there's no interference and it's mandated. We have to mandate it with teeth.
Medical practices that

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do not report vaccine injury should be fined heavily. Right now it's required, but
it's really just

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considered a recommendation. So, you know, finally, you know, one of the best
examples of course, is

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the Simpsonwood meeting and the original, original VSD study where Verstraten
analyzed the data

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between thimerosal exposure and autism diagnosis and he found a linear
relationship. And safe minds

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released the minutes of that meeting. And in the minutes of those meetings we
see him presenting the

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data and everybody reacting, oh my gosh, it's a linear relationship. There's
nothing that can be

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done. The chair of the meeting actually recessed for lunch, went out in the
hallway and called his

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son and his son in law to make sure that his own grand grandchild who was
about to be born was not

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vaccinated with mercury containing vaccines. But then went back in the room
and with everybody else

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in the room, they participated in a conspiracy with a capital C to make sure that
the public does

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not become aware of this. And they used language like we can't let the public
know about this. And

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they use language like how do we present prevent some unethical doctrine in the future from

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whistleblowing? I mean, they knew what they were doing. Tom Verstraten actually wrote an email to

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Frank DeStefano and others at the CDC saying, Look guys, it just won't go away. We've tried every

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statistical model to eliminate the correlation and it just won't go away. So in the name of all

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things logical, in the name thing in ethics even I don't want to support anti vaxxers, he said, but

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we really kind of have to publish this and put out fair warning eventually. Eventually they

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convinced him to analyze it for another three years or so. And when they published it, they found a

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way to make the correlation go away. They made the signal disappeared, but it wasn't because the

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signal wasn't there. And Tom Verstraten, when he was confronted after the minutes came out that

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showed his email saying, it just won't go away, he recanted and reinterpreted and said, that's not

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what I meant. But if you read that email, it's absolutely clear what he was saying. And then

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finally, the last thing that I was say is these tactics are not just individuals making up this

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approach to make associations with adverse events go away. It's burned into the DNA of the data

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analysis plan of the cdc. It is absolutely found. And you can go find the CDC white paper where they

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say you have to adjust for confounders. They say it's supposed to be done appropriately. But I

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analyze the CDC white paper paper, and even the causal pathway between vaccine and outcome is not

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made clear. And they have one of the causal pathways arguably wrong. And so you just can't take data

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and with your own opinion say, well, I think that this independent variable like mother's age,

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mother's income, gestational age, gestational weight, and everything else that I can possibly

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measure about this patient and throw it all into the model and see which combination actually makes

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the association go away and cherry pick the result. That is not science. I call that science like

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activities. I coined that phrase in 2015 in my book Cures vs. Profits. It's cheating, it's fraud,

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and I think it's criminal. So the goal of CDC vaccine science to date has not been to try to

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understand quasi reality. It's been to dismiss it. Why is there such a resistance within the medical

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and scientific community to conducting proper research and on vaccine safety. In 1986, when the

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National Vaccine Childhood Injury act was written and passed and signed into law by Ronald Reagan,

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there were discussions between vaccine companies that were making, you know, hundreds of millions of

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dollars at the the time, and politicians, and they lobbied successfully to try to make sure that the

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American public did not hold the vaccine manufacturers liable for vaccine injury. And as a result of

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that process, HHS became the defendant. If you look at the vaccine injury trials, the director of

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HHS is the defendant in These trials, they assume that responsibility. The parents were told that

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this is not going to be an adversarial process, that the National Vaccine Injury Compensation

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Program is actually going to be very fair and generous, and we're not going to rule people out on

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the basis of opinion. And yet that's exactly what they ended up doing. The opinion overrules

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evidence all the time, and this. And the system is biased against finding any liability of vaccines,

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so much so that the process is completely skewed. If you are a petitioner in that program, you can't

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use past cases as precedent. And yet the special masters will cite past cases and saying, we already

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ruled that out. And so it's completely biased. It's like fighting with both hands tied behind your

07:11:58 - 07:12:04

back. And it takes a long time. And there are unfortunately some lawyers who go in with the decision

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that they're just going to lose cases for a living. They don't really. They know, they take on cases

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that they know won't succeed anyway. And the lawyers get paid whether they win or lose. So if the

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vaccine safety research itself that we're supposed to rely on to understand vaccine safety and risk

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for clinical adoption is rooted in conflicts of interest by people at the nih, say, or the CDC that

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have a financial interest in vaccines, the game is lost before we start. And then there's careerism

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on top of it. We have people who don't speak up, won't speak up, or will lie to save their careers.

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And then we have entire institutional capture. The NIH and the CDC have government owned, not for

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profits, that pharmaceutical companies, including vaccine manufacturers, donate millions of dollars,

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some, some on the other, on the order of \$20 million total, to the institution. That kind of money

07:13:01 - 07:13:07

will, will bias people's thinking. Well, we can't say something negative about it.
The safety review

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process by acip, the committee that reviews and recommends vaccines, is so
backwards. You've been

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there, you've seen testimony and you've seen discussions whereby they'll put a
vote for a vaccine

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first and talk about safety after the vote. So it's just forbidden to actually discuss
safety in

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terms of risk. And then if you actually are embedded in the institution,
institutions, and you try

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to question that, you're going to lose your job or you'll be sidelined, or you'll be put
leave like

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Dr. William Thompson was for a mental evaluation.

07:13:42 - 07:13:46

If you question those, you're threatening billions in revenue and a very fragile
public health

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narrative that's based on a house of cards. So these scientists may be fearful of
Retribution,

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censoring, deplatforming. We, you know, we can't have people come up, come out
and say things

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negative about vaccines because the next thing you know, someone from NIAID
will call your

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institution, it'll say, hey, you're going to get all your funding cut unless you get this
person

07:14:05 - 07:14:13

under control. That has to end. And the new NIH actually should specifically
make threats to a

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person's career for speaking the truth about their objective position on science. That should become

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a hostile workplace in infraction and that person should be put on, on notice. We have to publish

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the data whether it's inconvenient or not. The labeling of anti vaccine has to be diminished in

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terms of its importance. And then this label of saying you're anti science simply because you're

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asking questions about vaccines has to be reversed. Right. The people who are not allowing science

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to go forward and let's find out what the root causes are of autoimmunity and let's see what we can

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do about it. They're truly the ones who that are anti science and they're simply narrative

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enforcers. And so because narrative trumps science in the past, now we have science on board again.

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We'll see empirically evidence based, science based policies. What kind of study should be conducted

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to truly assess vaccine safety and what would it take to make that happen? We need good science.

07:15:12 - 07:15:17

Well, good science overall is a big question. Well, you know, let me address that first. First, our

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population is not only, you know, the sickest population that's ever existed on the planet, we're

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also the one that's experiencing the largest amount of polypharmacy. You know, people at 40 years

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old shouldn't be on three and four and five drugs. That's ridiculous. I don't take any

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pharmaceuticals for my health right now other than a small allergy pill which is basically over the

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counter. But you know, they're also the most vaccinated population. Right. You have a lifetime of

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exposure to aluminum already because of, of food, because that was considered safe under the G RAS

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rules. When the FDA was created, the general regarded as safe. But to then and to inject so much

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aluminum in kids, you know, since 1999, 2000, we're starting to see absolute differences in their

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health and their psychology. I mean there's a huge shift. It's not just intergenerational conflict.

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And so we need to understand when we go in and say do psychological studies in the year 2020, 25,

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and we say this conflates this, this, this does not agree with the psychological studies that were

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done in the 1980s? Well, of course, it's a completely different population.

Biologically, it's a

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different population. There's more aluminum, there's more toxins of all types. There's more

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endocrine disruptors. So this pop for, for good objective research, every research study has to

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address that. How are you going to address the fact that these people are not what we would consider

07:16:39 - 07:16:46

typical normal, natural human beings? They, they're biased in their immune, immune system, they're

07:16:46 - 07:16:51

biased in their neurodevelopment. And that's not a judgment. This is a true scientific assessment.

07:16:51 - 07:16:55

Is there this subgroup of people who are super sick in every clinical trial that you have to

07:16:55 - 07:17:00

exclude? And if you exclude them, whether it's a drug or a vaccine, are you able to really assess

07:17:00 - 07:17:05

safety and efficacy? No, you're not for the general population. So we need retrospective and

07:17:05 - 07:17:09

prospective cohort studies across the board that, that don't exclude injured children and people

07:17:09 - 07:17:15

with, that have altered methylation and all the rest. We have to include them and then we have to

07:17:15 - 07:17:20

say, okay, well what happens to them? And if it's unsafe for them, then report that it's unsafe for

07:17:20 - 07:17:28

them. Right now there is some argument, I think, for doing dose response analysis of aluminum in

07:17:28 - 07:17:34

addition to other adjuvants and animal studies to try to see how sick is sick. The do a body weight

07:17:34 - 07:17:41

adjusted dosing of aluminum adjuvants, take pups that are rats or mice, take infant rats and mice

07:17:42 - 07:17:50

and inject them on the same age development time frame schedule as the CDC schedule and see what

07:17:50 - 07:17:55

happens to the mice. We haven't done that. Or the rats. We haven't done that. FDA did a study on

07:17:55 - 07:17:59

aluminum adjuvants where they increase the dose to find out how much does it take to make

07:17:59 - 07:18:04

individuals individual sick. They have all the outcome markers of inflammation and so on, but they

07:18:04 - 07:18:09

excluded aluminum. We need to do genetic risk modeling for susceptibility. But more than just

07:18:09 - 07:18:15

genetics, this is not sequence everybody so that we have total information control over everybody's

07:18:15 - 07:18:21

genome. You don't have to have everybody's genome to do a genetic risk modeling study. You take in

07:18:21 - 07:18:26

lifestyle factors, you take in, like I mentioned, life history, family history. You take in medical

07:18:26 - 07:18:32

exposures, other medical exposures, you take in. You were trying to get a risk and susceptibility

07:18:32 - 07:18:38

model where you can get people out of harm's way. We can save a lot of people from a lot of harm and

07:18:38 - 07:18:44

make the decision easier for them and we can Tone down this ridiculous social argument of anti

07:18:44 - 07:18:51

vaccine, pro vaccine when you know, it's like saying, well, am I anti car because I think I to want

07:18:51 - 07:18:57

reduce car accidents? That's absolutely ridiculous. And so, yeah, we need more comparative studies

07:18:57 - 07:19:03

of vaccinated versus unvaccinated populations using measures like the outcome that I came up with,

07:19:03 - 07:19:09

which was not just is there an odd higher odds of a diagnosis, but do these people then have to come

07:19:09 - 07:19:14

back to the doctor more frequently because they're sick with asthma and allergies and other

07:19:14 - 07:19:20

infections. We need to look at the total health outcome of vaccine exposure. Exposures. And the, the

07:19:20 - 07:19:24

study that I did, that's been retracted though that's being looked at again right now to see if we

07:19:24 - 07:19:31

can get it unretracted with Paul Thomas's data. That's exactly what we did. And I proved in the

07:19:31 - 07:19:37

publication that my method was more powerful than odds ratios and that odds ratios is a subset

07:19:37 - 07:19:41

analysis. It's an example of my analysis. You're looking at how many times you have to go to the

07:19:41 - 07:19:47

doctors, once with odds ratio. So we've shown at IPAC it's totally possible to do these kinds of

07:19:47 - 07:19:52

studies without a huge amount of funding, without pharma dollars running it with ethical,

07:19:52 - 07:19:58

transparent science. And we need to fund individuals outside of direct government influence and

07:19:58 - 07:20:03

industry influence who are independent. And of course we need academic journals that are willing to

07:20:03 - 07:20:09

publish the outcome of the study and not retract them. Let's really quickly touch on censorship and

07:20:09 - 07:20:16

industry impact influence. How has corporate and government influence impacted vaccine research? How

07:20:16 - 07:20:22

do we push back against bad science for other reasons? Recently I was looking at all of the studies

07:20:22 - 07:20:23

that have been retracted

07:20:25 - 07:20:32

about, you know, for the last 30 years or so that brought into question the safety of vaccines. And

07:20:32 - 07:20:40

I'll say it's a systemic biasing of the, the science. Well, first of all, academic institutions, if

07:20:40 - 07:20:45

they propose to the nih, hey, let's do a vax versus unvax study, that would be shot down, you can

07:20:45 - 07:20:51

make that proposal all day long, it'll never get funded. And so that's a bias on the studies that

07:20:51 - 07:20:57

will get done. All the studies I just mentioned would never get published before 2025. Second, if

07:20:57 - 07:21:03

you have individuals that get data and then analyze them and then publish them, the journal

07:21:03 - 07:21:07

editorial boards are biased against this. So just getting that kind of thing published is difficult.

07:21:07 - 07:21:13

And then once it's published, the pattern has been somebody contacts the journal. We don't yet know

07:21:13 - 07:21:16

who, but we're going to find out. Says there's going to be a difficult time for you in the future

07:21:16 - 07:21:21

unless you retract this and then the journals cave and then they, then they retract my journal.

07:21:21 - 07:21:27

Science Public Health policy and the law has a very specific retraction policy for fraud, but not

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for this kind of thing. Just because someone interprets it differently. It's not Browns for

07:21:30 - 07:21:36

retraction. Academic departments are highly susceptible to influence from pharmaceutical companies

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due to their endowed chairs and also due to their susceptibility to genuflect and bend the knee to

07:21:44 - 07:21:49

the Anthony Fauci of the world who will call up and say that according to my books here, you have

07:21:49 - 07:21:56

\$40 million of NIH funding coming to your institution and we will pull all of that unless you shut

07:21:56 - 07:22:01

this person up. That's how that discussion goes. They do not mess around. The regulatory bodies have

07:22:01 - 07:22:03

been captured by these industry. You know,

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they send in people to sit in seats so that they make the right decisions, the so called right

07:22:10 - 07:22:15

decisions to help the vaccine injury, sorry, the vaccine industry. And then of course the media

07:22:15 - 07:22:22

narratives with advertising from pharmaceuticals being the number one source of, of revenue for

07:22:23 - 07:22:28

mainstream media. They're not going to, you know, shoot the golden goose that's laying their eggs.

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So through all these channels, bad science is promoted and good science is silenced. This revolving

07:22:35 - 07:22:42

door among cdc, FDA and Pharma absolutely ensures that inconvenient results don't see the day of

07:22:42 - 07:22:47

light. And so the light of day, I should say. So we have to have these independent choices journals

07:22:47 - 07:22:53

like my own, grassroots support like we've had in public awareness until now. We have the hhs. The

07:22:53 - 07:22:58

public wants real data. They're hungry for the truth. So I say let's fund objective science through

07:22:58 - 07:23:04

the NIH to look at these problems and hang big juicy carrots that are irresistibly juicy for

07:23:04 - 07:23:11

institutions that are capable of doing it, but that they required insanely detailed oversight on how

07:23:11 - 07:23:18

they conduct their studies. What policies or research initiatives would you like to see implemented

07:23:18 - 07:23:25

to ensure future vaccine development is based on sound ethical science? Yeah, this is pretty

07:23:25 - 07:23:30

straightforward. We have to mandate long term vaccine safety, follow up. We have to follow these

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individuals for a long time. We have to have their total health outcome. Because the way that it's

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set up right now you have phase one, phase two and phase three. But if you're doing COVID 19 vaccine

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studies, you listen to Anthony Fauci and Francis Collins and combine phase two and phase three,

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which actually prevents you from learning adverse events that you then specifically solicit in phase

07:23:51 - 07:23:57

Three. That's what that was all about. It wasn't due to save time. So there are these tricks that

07:23:57 - 07:24:03

they have in terms of how they conduct studies, and one of them is to not follow up for a long time.

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We need total health outcomes awareness on medical exposures, whether it's vaccines or drugs, to

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make sure that things that are not caught in the medical, in the, in the initial clinical trial are

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reported back to the clinical trial. We have to use true placebos. If you have a new vaccine, you

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should want to know what is the health effect of this placebo? Not as, what is the health of, sorry,

07:24:23 - 07:24:28

this vaccine? Not as, what are the. What is the health effect of this vaccine compared to another

07:24:28 - 07:24:34

vaccine? That's ridiculous. But because that does away with the risk of cumulative exposure, we have

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to do studies that look at people who got many vaccines and people who only got a few and tested the

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effects of cumulative exposures and see if there's a dose effect there. We seem to have found one in

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Paul Thomas's practice data. We published that independently with Dr. Russell Blalock. I would like

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to see research on genetic screening before vaccination. I've said it now a couple of times, but we

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have to look at family history of autoimmunity, atopi, eczema, neurodevelopmental disorders and so

07:25:06 - 07:25:10

on. And using machine learning, not the scary kind of AI, but using machine learning, we could do

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prediction science on all of this, and we can include genetic screening to say, hey, we have, we

07:25:16 - 07:25:21

have the ability to rule people out. So I don't think we should screen everybody. I think if you

07:25:21 - 07:25:27

have a family history of autoimmunity and so on in application in the clinic, then you can say, you

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know what, I want to look at your genetics. I want to see if you have some mechanism behind this.

07:25:30 - 07:25:36

And if so, then that's going to throw up a red flag before we enroll you in the vaccination program.

07:25:38 - 07:25:43

And then I would shoot for something called individualized risk stratification. So, and this is true

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for all things in medicine, right? We, we failed to move to individualized medicine because it

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involved understanding this pro. This process principle in individual risk stratification. You're

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never going to arm wave and say, this is what I generally do for patients like you. This is what I

07:25:59 - 07:26:04

always do, you know, for, for all of my breast cancer patients. Let's say you're going to look at

07:26:04 - 07:26:08

the individuality of the patient and you're going to say things like, is this, what's this person's

07:26:08 - 07:26:14

baseline health. Like, you know, and if, if I had some influence at the nih, which hopefully I will,

07:26:14 - 07:26:20

I don't know. But I would like to see a rule that you should try to increase the baseline health of

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everybody before they start a clinical trial with a six week program to address their health issues.

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I mean, they're in the hands of doctors. It should be unethical to let them walk into a study

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without being as healthy as they can. And then let's see what this, what these drugs and these

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vaccines look like in terms of their safety and efficacy. But then when you go to use them in the

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clinic, you have to do that six weeks program. I mean, this is a great way to make America healthy

07:26:46 - 07:26:50

again. You're not allowed to take this drug until you do these things for the next six weeks. That's

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a wonderful plan. And so we need to have public health policy shift towards informed consent,

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personalized medicine, respect for parental rights, that any new vaccine development has to be

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transparent, accountable, truly accountable, sharing the data. And then, you know, in clinical

07:27:06 - 07:27:11

application it has to be based on predictive safety science, not assumptions and arm waving and

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denialism. Final question. What message do you have for scientists, medical professionals and the

07:27:18 - 07:27:22

public about demanding real vaccine safety science?

07:27:24 - 07:27:28

Yeah, if I may, I'd like to generalize the question from just about real vaccine safety science, but

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I'd also like to address all biomedical science because there's so much iatrogenic disease. It's the

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number one curiosity killer of anything coming out of medicine. And it's the number three killer in

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all of all causes of death to any scientists that are out there in biomedicine. And your institution

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is telling you don't do science because the administrators are not going to be paid less because you

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don't have as much overhead. Speak truth to power. This is your time. What that actually means is

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there's probably going to be a lot more funding for science, not less because they don't have to pay

07:28:01 - 07:28:07

the 60% overhead. Then you can submit more grant proposals. Right. And so I want you to challenge

07:28:07 - 07:28:12

scientists to speak truth to power and understand that your silence at this point is complicity. If

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you don't talk about the things that you know that are wrong with science in your institution,

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you're not a leader, you're a follower. And you're going to get what you pay for with that. But if,

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if you want to make a big difference in, in the health of the American public, the American people

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in the health around the world, because we set the example Just do real science. I know so many

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people, I know so many ethical scientists and so many ethical doctors who want to do the right

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thing. I've worked with hundreds of them and by far most of them are there for the right reasons.

07:28:42 - 07:28:48

They don't want to have to be silenced. Well, you're not silenced anymore. Engage with Maha, engage

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with the nih, engage with the fda. This is your, your time. This, we, we are going to set you free.

07:28:56 - 07:28:59

Objective scientists are going to be able to do science and physician doctors are going to be able

07:28:59 - 07:29:06

to be physicians and truly heal. I would also argue that now's the time to bring in integrative

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approaches towards medicine. Integrative means pharmaceutical, it means herbal, it means

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alternative, it means you know, all things that you know. Allopathic medicine. The people who write

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the publications like MedPage Today will say that ozone therapy is contradict, controversial, so

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don't do it. And yet there's so much evidence now, real world evidence, that ozone therapy is so

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helpful in certain clinical settings of infection. The standard of care needs to be changed for IV

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vitamin C. If you're going to have an IV line in a hospital and you have a risk of some infection or

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sepsis anyway because you're in a hospital, why not get a large dose of vitamin C? It's just, this

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is really ridiculous. And so, and to the, to medical professionals, I would say stand by your oath,

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demand that the American Medical association put the Hippocratic both oath back in and strengthen it

07:29:57 - 07:30:01

and then listen to the injured, don't dismiss them. It's the cruelest thing that you can do. If

07:30:01 - 07:30:06

there's some, a parent of a vaccine, injured child, or God forbid that someone's died, someone's

07:30:06 - 07:30:10

child has died, and you look them straight in the eye and say it wasn't the vaccine and you're

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gaslighting them, or maybe, maybe you even believe it, but you really don't know it wasn't the

07:30:13 - 07:30:19

vaccine, do you? And so listen to the injured. When you do that to a parent, you're causing a

07:30:19 - 07:30:24

suspension of grief that will last them a lifetime and they will come back and haunt you. And that's

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what's happening now. Okay, so into the public keep demanding better science support, independent

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research. You can go to ipanowledge.org, we've got studies ongoing right now. You can fund our

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institutions, push back on census censorship, but more importantly, contact the agencies that you

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used to absolutely abhor and see how you can participate in the stakeholder meetings if there's a

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discussion among stakeholders about vaccines, don't you think parents should be involved? Don't you

07:30:55 - 07:30:59

think the adults who might want to take or not take the flu vaccine should be involved? Your voice

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really matters and you know now under Robert F. Kennedy Jr. It's to going to be heard. We need to

07:31:05 - 07:31:10

move away from the one size fits all model to a personalized medicine era with true transparency.

07:31:10 - 07:31:15

It's the only thing to do. It's not anti science, it's not anti vaccine. It's pro science, pro

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ethics and pro human dignity. I think we owe it to our children and I think that the science, if

07:31:22 - 07:31:25

it's done correctly, will vindicate the parents who have said for years and the moms especially,

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they know where the toxins are coming from. They know that vaccines did this to their kids. The myth

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is over, the big lie is done. And I think we're in for a bright, healthy future.

07:31:38 - 07:31:45

I love that and thank you so much for coming on and sharing your vast knowledge and you're such a

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incredible scientist. I'm proud to call you a friend. Thank you again, Dr. James Lyons Wyler. Thank

07:31:53 - 07:31:54

you to you. We'll talk to you again soon.

07:31:59 - 07:32:05

We are joined by Dr. Pierre Corey. Dr. Pierre Corey, thank you so much for coming on and sharing

07:32:05 - 07:32:11

your knowledge and wisdom with us. Talk about your awakening. What led you to start questioning

07:32:12 - 07:32:22

vaccine safety during COVID and where did that lead you? Before COVID I never questioned vaccines,

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never had a reason to. Our training in vaccines was literally the schedule. Like I don't recall

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being taught anything else about vaccines except very simple concept, right? You give an antigen,

07:32:33 - 07:32:38

make an antibody, it protects you. This is the schedule. Like that's basically my knowledge of what

07:32:38 - 07:32:39

they were.

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Never knew about risks or dangers of vaccines, never told about that. I mean there was just so, it

07:32:46 - 07:32:51

was just so implied that you need to get this whole schedule. Anyway, that's where I started. I

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think things started to turn as I started to wait, wake up to other lies and propaganda which I also

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was unaware of how the scope and the scale of the control of the pharmaceutical industry. Obviously

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becoming an expert in aspects of COVID I started to see this huge discord from the data. The

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reality, my observed experiences of what worked and what didn't and what was coming out of agencies.

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And that started. I started to ask a lot of questions and then I saw these policies coming out in

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Covid which made no sense and which really angered me. Like when I heard hydroxychloroquine was

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restricted to hospital patients. Who does that? Why would you do that. It's an antiviral. Even if it

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didn't work or it worked, you would give it early as an outpatient. So that was the first head

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scratcher. The next one is when they disappeared natural immunity overnight. Like the FDA puts a

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page up on their website saying that there's no evidence to support checking antibodies before

07:33:46 - 07:33:51

vaccination. And I was like, what do you mean there's no evidence? That's like literally policy like

07:33:51 - 07:33:56

all around the world when you want to see if someone needs a vaccine, you check antibodies, right?

07:33:56 - 07:34:02

So I started all this bizarre stuff. But I will tell you what really started me focusing on vaccines

07:34:03 - 07:34:11

was and it took me a few months, it was March, late March of 2021, about four months after the COVID

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vaccines rolled out. And I was deeply studying so many aspects of COVID mostly around therapy,

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therapeutics. But I started, you know, people were telling me that VAERS was blowing up and you

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know, people were starting to post about these numbers in VAERS and these huge spikes that had never

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been seen around any other vaccine before. And I started looking into VAERS that you can actually

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look at VAERS reports. And I was shocked. I filtered looking at death reports. And what was

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fascinating about ver is that very few people talk talk about is that when you look up a report

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there's actually a little space for a narrative of what happened to the patient. And it was in

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reading those narratives that I became like really troubled. Like you could hear there was over and

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over again the reports of someone going to get a vaccine at a pharmacy or being in a resident home

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getting a vaccine and then going home not feeling well, found dead in bed, dead in bed. Same day,

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same day, same day, same day. And I couldn't believe that people weren't talking about this. And if

07:35:14 - 07:35:19

you tried to talk about it, I mean you just got censored and deplatformed and shadow all that

07:35:19 - 07:35:25

nonsense or you got attacked by others for being anti vax. So I mean the whole world went nuts

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because the propaganda was so strong. So that was the first thing. And then I will tell you the sea

07:35:30 - 07:35:36

change for me came from. And I don't know if Brian Hooker gets the credit for this, this but it was

07:35:36 - 07:35:43

visual. It was just that one slide that he has which is the graphs of mortality from infectious

07:35:43 - 07:35:49

diseases over the last century. And when the vaccines appeared and I was like, I didn't know that.

07:35:49 - 07:35:55

Like you saw the mortalities for the things that we vaccinated were plummeting to near zero. And

07:35:55 - 07:35:59

then all of a sudden the vaccine appears. And you know, that didn't comport with what I'd always

07:35:59 - 07:36:06

been told is that the vaccine were integral in getting rid of all these childhood illnesses.

07:36:07 - 07:36:13

And then I will tell you the biggest change in my life in regards to vaccines. Five words. That's

07:36:13 - 07:36:21

all I have to say. Turtles all the way down. That book is one of the most masterful books. And when

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I say masterful, the way it's put together, the way it's written, the way it's referenced and the

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way it presents, presents the issues around vaccines in a very scientific, very credible way, deeply

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referenced, was incredibly transformative. Like, what you learn from that book is that these

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vaccines have never been shown to be safe, never really studied for safety. And then now this. The

07:36:47 - 07:36:53

way when, when I read that book, the difference was now I knew about propaganda and censorship,

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especially at the medical journal level, because I saw that in Covid around ivermectin and

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hydroxychloroquine, they put out fraudulent studies saying things worked, saying other things didn't

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work. And like, I don't trust the medical literature anymore. But in that book they brought up

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numerous examples of how that happens in vaccination literature, in medical journals that there's a

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complete censorship of publishing safe and effective mantras. Right? Only studies that show them be

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safe effectively get published. The ones that show the immense problems that they create, they don't

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appear in like major medical literature. And so, you know, Turtles all the way down kind of led me

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to open into that. And then one of my colleagues wrote about the smallpox epidemic, Nick Humphrey's

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Dissolving Illusions. And so there's just very well put together reviews of the history of

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vaccination. Basically the science that we know about vaccination, whether it's censored or not. I

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mean, the. There were certain truths and documented truths. And so I just came around and then. Let

07:37:55 - 07:38:02

me finish. This is probably a long answer. But the other thing that happened, and by now I was

07:38:02 - 07:38:08

really, really concerned about the vaccination schedule, but it dawned on me one day that I have

07:38:09 - 07:38:15

vaccine injured children. And I don't know why it took that long to realize, but. And I don't want

07:38:15 - 07:38:21

to go too deeply into this, but I have three daughters and two of them developed catastrophic cases

07:38:21 - 07:38:29

of what's called pandas or pans. Now that changed my life. I've now I will. I'm not the same guys I

07:38:29 - 07:38:34

was before their illness. I still have kind of ptsd. And the reason why is that pans is really not

07:38:34 - 07:38:40

diagnosed, it's not recognized. Trying to get medical care for your kid with pans is nearly

07:38:40 - 07:38:46

impossible. There's almost no specialist. The doctors that you go to will come up with all sorts of

07:38:46 - 07:38:52

sorts of idiotic diagnosis, from functional neurological disorder to atypical anxiety. And it's

07:38:52 - 07:38:56

clear that there's something wrong with the brain of my child. And in both of them it happened right

07:38:56 - 07:39:04

after strep throat. And so I mean, which is classic. And, and you know, my battle for my kids, and

07:39:04 - 07:39:09

thank God my kids are healthy and happy and doing well now, but for a long time they were disabled.

07:39:09 - 07:39:15

I mean, they were really sick with a lot of lungs, of symptoms. And you know, I realized. And

07:39:15 - 07:39:20

there's no good data because it's not recognized really, and it's not diagnosed. I don't have data

07:39:20 - 07:39:25

to support this, but from the experiences of those. Because I. I'm also on the board of a nonprofit

07:39:25 - 07:39:31

that deals with. It's called neuroimmune.org it used to be called the foundation for Children with

07:39:31 - 07:39:39

neuroimmune Disorders. And we focus on pans and pandas. But it's. It's my understanding that pans

07:39:39 - 07:39:45

and pandemic has exploded coincident with the explosion of the schedule. And we know that from

07:39:45 - 07:39:51

autism. The autism. We do have data. And if you ask me what was one of the more convincing things,

07:39:51 - 07:39:59

how dangerous this is, the rates of autism are just absolutely over the top. And when you look at

07:39:59 - 07:40:07

that rise and you see how closely it ties to the incredible and incessant additions to the

07:40:07 - 07:40:14

vaccination schedule, and yet the autism is exploding in its wake. And it's like. And no one can

07:40:14 - 07:40:18

make that connection. And they always try to come up with, oh, other confounders. We're diagnosing

07:40:18 - 07:40:26

it too much. I mean, I'm just so tired of these unscientific kind of rebuttals from really

07:40:26 - 07:40:31

compelling data. Like none of the rebuttals make any rational sense. And certainly there are other

07:40:31 - 07:40:36

toxins in our environment that I've come to learn that beyond that vaccine. But vaccines are huge in

07:40:36 - 07:40:43

causing disease. And so, you know, it was that. That's my awakening to you. I mean, I started from

07:40:43 - 07:40:47

someone who never knew anything about vaccines and trusted them, that they were, you know, a

07:40:47 - 07:40:52

fundamental part of protecting your kids health and getting rid of the bad diseases from the

07:40:52 - 07:40:59

community to now seeing them as this oppressive toxin. You know, the mandates, the mandates, the

07:40:59 - 07:41:04

mandates. All of these parents who know the dangers of vaccines don't want to get Their kids

07:41:04 - 07:41:09

vaccinated and are forced to homeschool. And then the last piece of evidence, I can probably go on

07:41:09 - 07:41:14

for hours here, tia. But the other one is as I started to enter, I guess what we call the medical

07:41:14 - 07:41:21

freedom movement, right, Working with actually folks like you and chd, I just met all of these

07:41:21 - 07:41:28

beautiful people, these really hardworking advocates, typically moms, but some dad dads as well, of

07:41:28 - 07:41:34

vaccine injured children whose lives, they themselves, their lives were irreparably altered because

07:41:34 - 07:41:38

they had the experience of getting injured from vaccine. If there's anything that's gonna wake you

07:41:38 - 07:41:46

up, it's having your child damaged from a vaccine given by a supposedly kindly benevolent doctor in

07:41:46 - 07:41:52

a nice white coat. You know, it changes in colors. How you look at the medical system and then just

07:41:52 - 07:41:57

the relentless propaganda, all always with this safe and effective mantra and it's just sickening.

07:41:57 - 07:42:03

It's absolutely disgusting. And the other thing that makes me really against vaccines, besides their

07:42:03 - 07:42:10

toxicity and their non necessity, is that when you do inform consent for any intervention, you

07:42:10 - 07:42:17

should always present whatever interventions proposed, the risks, the benefits and the alternatives.

07:42:17 - 07:42:22

Becoming an expert in treating a viral illness like COVID 19 there are right now, if you look at

07:42:22 - 07:42:27

meta analyses, looking at all of the things that are studying Covid, there's actually over 70

07:42:27 - 07:42:33

different treatments for viral illnesses. So like if I had a kid with any of those childhood viral

07:42:33 - 07:42:37

illnesses, man, I could put them on a combination protocol and they would just do fine. So what

07:42:37 - 07:42:43

about treatment? Why can't we focus on treating these diseases rather than unnecessarily vaccinating

07:42:43 - 07:42:49

everyone for them that are dangerous and interventions and so I'm done. I've had it with these

07:42:49 - 07:42:57

vaccines and I hope that we as a society, as a country move towards truly informed consent and not

07:42:57 - 07:43:02

mandate anyone to receive something that could potentially alter the trajectory and quality of their

07:43:02 - 07:43:11

lives in irreparable ways. Let's talk about the medical censorship and suppression. Tell me, what

07:43:11 - 07:43:18

did your copy Covid experience reveal about how vaccine risks are handled in the medical community?

07:43:19 - 07:43:25

The censorship is absolutely pervasive. What they did on social media and in the media and they just

07:43:25 - 07:43:30

bring in everybody, right? Championing these vaccines. So it's not only the census, you know, it's

07:43:30 - 07:43:35

two sides of the same coin, right? Propaganda and censorship. And they play both of those or they

07:43:35 - 07:43:42

use both of those weapons just so powerfully. And, and one of the things I say that happened in

07:43:42 - 07:43:49

Covid is I saw a world go mad. And the reason why it went mad because it was being fueled by lies

07:43:49 - 07:43:56

and shielded from truths. And when you do that, you have people behaving in the strangest ways

07:43:56 - 07:44:02

possible. And there's so many weird anecdotes for how crazy I think we got and how much common sense

07:44:02 - 07:44:09

we lost. But some of these anecdotes of people online to get their COVID vaccine, where somebody

07:44:09 - 07:44:16

actually falls out, passes out, gets a seizure and the line stays, the line doesn't leave like that,

07:44:16 - 07:44:22

that kind of stuff is just so bizarre. But in terms of the censorship, obviously I was used to it

07:44:22 - 07:44:27

because I picked up this pattern with studying therapeutics, right? All the cheap stuff, repurposed,

07:44:27 - 07:44:34

safe stuff, were just getting censored like hell in the journals. And then one of the transformative

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events in my life was when I read this article called the Disinformation Playbook. It's on Google

07:44:40 - 07:44:45

still. You can Google it. It's still, I think, a top hit. And it's. It was an article written in

07:44:45 - 07:44:52

2017 by the Union for Concerned Scientists. And I read that article and it suddenly made sense of

07:44:52 - 07:44:56

what was going on in the world for me in Covid because it outlined the five tactics, they name them

07:44:56 - 07:45:04

after five football plays, of how industry counters science that's inconvenient to their interests.

07:45:05 - 07:45:10

And so they're. The plays are the fake, the fix, the blitz, the screen, the diversion. But the fake

07:45:10 - 07:45:16

is the most damaging one. The fake is when they conduct trials with predetermined results. And I

07:45:16 - 07:45:23

started to realize that so much of our science is based on the fake. They routinely do trials in any

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number of fields where the result is predetermined. They're going to do something to either prove

07:45:28 - 07:45:34

something works that's really expensive and probably toxic and hide the safety signals or lack of

07:45:34 - 07:45:38

safety signals, and then they're going to do stuff to prove that things don't work that they don't

07:45:38 - 07:45:42

want you to use because it doesn't make them money or threatens their market. And I saw that pattern

07:45:42 - 07:45:48

over and over, and you can see it in the vaccine literature, and that is censorship of the most

07:45:48 - 07:45:55

damaging kind. Because like I said, shielding us from truths and feeding us lies is unfortunately

07:45:55 - 07:46:01

what those high impact journalists do. And you know, one of the most brilliant and emboldening

07:46:01 - 07:46:07

statements I've ever heard was when RFK Jr. Once I heard this first time a few years ago, he was in

07:46:07 - 07:46:11

an interview and when he was running for president, someone asked him, you know, what's, what's one

07:46:11 - 07:46:16

of the first things you're going to do as president, maybe to clean up Science or something. And he

07:46:16 - 07:46:21

said, the first thing I'm going to do is I'm going to call in the editors to all the high impact

07:46:21 - 07:46:25

journals into the Oval Office. I'm going to you tell, tell them that unless they clean up their act,

07:46:25 - 07:46:30

I'm going after them with rico. Because it is a racket. It is a racket. The pharmaceutical industry

07:46:30 - 07:46:36

in my opinion is a criminal syndicate. They behave like a mafia family and they use and control

07:46:36 - 07:46:43

those editors. And so there's no more damage that we can have than scientific censorship. It's of

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the worst kind. And I saw a lot of deaths. I saw young people dying. I mean, I have the life

07:46:49 - 07:46:57

insurance data, I've looked at that, I've written on that. There was an inexplicable, never before

07:46:57 - 07:47:04

seen in history explosion in people 15 to 44, which occurred in September of 2021. And it was

07:47:04 - 07:47:10

outsized of all the other age groups. So you know, it wasn't Covid. And it all coincident with the

07:47:10 - 07:47:15

mandate, the national and federal mandates of these vaccines. And I saw that they were killing

07:47:15 - 07:47:21

people in large numbers. And it gets really, really dark. You know, this isn't just like, oh, it

07:47:21 - 07:47:26

might cause some autism or it might increase little autoimmune things. I saw people dying in

07:47:26 - 07:47:31

numbers, they've never died before. I mean, life insurance CEO came out in a chamber of commerce

07:47:31 - 07:47:38

meeting and he said that a 10% rise in year to year mortality is a 1 in 200 year event in their

07:47:38 - 07:47:47

business. They have never seen a 40% rise from year to year in deaths. Outside of wartime or outside

07:47:47 - 07:47:52

of wartime is basically the only times you could see it. And that was in 2021. That wasn't 2020.

07:47:52 - 07:47:55

That was in between 2020 and 2021. And so

07:47:58 - 07:48:03

yet the censorship and propaganda continued. You cannot speak truths in this country anymore and get

07:48:03 - 07:48:09

widespread attention. Thank God for the Internet. Where would we be without the Internet? Even

07:48:09 - 07:48:14

though they try to censor that as much as they can, the Internet is a phenomenal tool at

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communicating. I've learned most of what I first learned about COVID was through social media and

07:48:20 - 07:48:25

now social media is full of a lot of nonsense. But there are serious people out there putting really

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good science and data. And if you know how to look for it, you know how to detect it. You can learn

07:48:29 - 07:48:33

things that you will not learn from our institutions of science.

07:48:34 - 07:48:41

So you touched on this a little bit, but I'd like to go back and kind of just briefly dig a little

07:48:41 - 07:48:47

deeper on to your perspective on childhood vaccine injuries, including autism, and how that evolves,

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you know, what makes an expert is pattern recognition. And I had already been living through a

07:48:53 - 07:48:59

pattern of being rebutted and told the things that I was saying, which I knew were true. I was

07:48:59 - 07:49:04

deeply studied on treating Covid. I could see it in my direction lived experience that when I

07:49:04 - 07:49:09

treated someone with these discredited medicines, they would get better very quickly. It's called

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temporal association. And so when I knew, when I started to realize that my truths were being

07:49:16 - 07:49:23

refuted, dismissed, distorted, and then I came to meet many parents of vaccine injured children. And

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you know, that temporal association, I'm sorry, but the stories are innumerable. I took my child in

07:49:29 - 07:49:35

for a vaccine in the morning and that afternoon particularly, they'll get a fever, something. And

07:49:35 - 07:49:42

the next day the child begins to rapidly regress. Eye contact is lost. One of my closest, dearest

07:49:42 - 07:49:47

friends has two children, one who does not make eye contact since that day they were vaccinated as a

07:49:47 - 07:49:53

child. And so, you know, what you said was so good, which is like, you know, all of those moms

07:49:53 - 07:49:58

crying out for all of those years and not being listened to, not being supported, being told that

07:49:58 - 07:50:04

they were being gaslit just like I was, was, you know, I got to tell you, I felt an instant, really

07:50:04 - 07:50:11

deep kinship with them and I want to partner with them to fight for bringing out these truths. What

07:50:11 - 07:50:20

steps do you think are necessary to reform vaccine policy and improved informed consent? How do we

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make America healthy again? What's your vision of that? How do we change things and make sure that

07:50:27 - 07:50:37

parents are fully informed about. About risks, benefits and alternatives? And how do we get there

07:50:37 - 07:50:44

from here? We need to listen and be provided with science that is done by people without conflicts

07:50:44 - 07:50:52

of interest. Otherwise we will never know how to navigate difficult health decisions. And that

07:50:52 - 07:50:59

phrase that I think RFK Jr. Uses about, about radical transparency. And when he says he wants to

07:50:59 - 07:51:04

look at again at the vaccine links in autism, he's saying that because he knows exactly what I know,

07:51:04 - 07:51:08

which is you can't trust the existing science. You look at his confirmation hearings and you have

07:51:08 - 07:51:15

these senators talking about how it's settled and they have stacks of papers. I get crushing chest

07:51:15 - 07:51:19

pain when I see that because I know what they're holding. They're holding the papers that were

07:51:19 - 07:51:26

allowed to be published in journals, not what the science actually shows. And until we can get a

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point where we have a trusted source that we think we can trust to conduct a good trial,

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transparently communicate the results and interpret the data,

07:51:36 - 07:51:43

I don't think we can reform. We need data and accurate scientific data to make, to inform policy

07:51:43 - 07:51:48

decisions. Until you clean that up, I don't think we're going to get anywhere. But I, I do truly

07:51:48 - 07:51:55

hope that with good data coming out, it will arm physicians to have that informed consent

07:51:55 - 07:51:59

discussion. Right now they're going to be forced because we're going to have a reliable, trusted

07:51:59 - 07:52:05

source giving us the reality of vaccines. And so the conversations that I hear my patients tell me

07:52:05 - 07:52:11

that they have with their pediatricians, my hopes that those conversations will change greatly and

07:52:11 - 07:52:16

then got to remove the incentives to vaccinate. Not only get rid of the mandates, but get rid of

07:52:16 - 07:52:21

those incentives. Right. You see here all these pediatricians who, like, kick kids or parents out of

07:52:21 - 07:52:26

their practice because they won't get vaccinated because it'll hurt their quota. Right. Their

07:52:26 - 07:52:30

bonuses for getting all these kids vaccinated. And that's got to be cleaned up. You should never

07:52:30 - 07:52:37

have a financial incentive to deliver a therapy. And although we do in some fields, the vaccines are

07:52:37 - 07:52:43

terrible. What's your message for other doctors that are having that crisis of conscience or that

07:52:44 - 07:52:49

rough awakening that you experienced during COVID What's your message to other doctors that are out

07:52:49 - 07:52:56

there about actually stepping forward, speaking the truth about their experiences and what, you

07:52:56 - 07:53:01

know, what would you say to, besides being brave? Because I know that it took a lot of bravery for

07:53:01 - 07:53:06

you and you went through a lot. So is it worth it? Is speaking out worth it? What do you say to

07:53:06 - 07:53:15

other doctors? Please, please entertain, engage and investigate dissenting opinions from your

07:53:15 - 07:53:21

scientific worldview. Because I can guarantee them. This is maybe a recurring theme in this

07:53:21 - 07:53:26

interview, but what you think is true and what you believe to be true because you read it in a

07:53:26 - 07:53:34

journal should be questioned. That's number one in terms of speaking out. I think for those who do

07:53:34 - 07:53:38

make it to that point and find out and try to uncover some of the lies and that they're being taught

07:53:40 - 07:53:48

what to do to correct that. You know, I don't even know about bravery. It's more about sacrifice.

07:53:48 - 07:53:54

And that's really the challenge. And now I'm going to say something rather unfortunately negative or

07:53:54 - 07:54:01

cynical, but when I look at all of the fraud and corruption that was perpetrated in Covid and then I

07:54:01 - 07:54:07

look at the true number of whistleblowers, I'm not just physician whistleblowers. I mean, I'm not

07:54:07 - 07:54:09

technically a whistleblower, but I certainly was blowing a whistle.

07:54:12 - 07:54:18

There's so few, so few that will sacrifice their livelihood. And that's One of the unfortunate

07:54:18 - 07:54:23

lessons I learned is that the amount of people that are willing to put their jobs on the line are

07:54:23 - 07:54:29

relatively few. I did see a lot who did so in order to protect themselves from a mandated vaccine.

07:54:29 - 07:54:36

And there's lots of really brave people who did that. But others who want to stand up and call out

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fraud or corruption or just bad medicine, you know you're going to. If you spout something

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dissenting. Nowadays in medicine, where most everyone works for large employers, you're at threat of

07:54:50 - 07:54:59

losing your job. They will find a way to get rid of you. And, you know, for me, it didn't. You know,

07:54:59 - 07:55:05

I actually went through some hard times in Covid with money and stuff, but all that did to me is it

07:55:05 - 07:55:10

forced me to go in private practice. And I'm happier than I've ever been in private practice. I

07:55:10 - 07:55:15

think private practice will save this country because it's the only place where you have the

07:55:15 - 07:55:20

autonomy to treat, treat widely and broadly, using combinations of different therapies, therapies

07:55:20 - 07:55:27

that are out there, but also to speak openly and talk with your patients and not everyone looking

07:55:27 - 07:55:32

over your shoulder telling you what to say or not to say. And so I don't know. So maybe there's a

07:55:32 - 07:55:37

message of judgment and a message of encouragement and inspiration in that answer. And that's what

07:55:37 - 07:55:37

I'll leave you with.

07:55:40 - 07:55:46

Wonderful. Thank you so much, Dr. Corey. We appreciate you. We appreciate the work that you're

07:55:46 - 07:55:50

doing, and we look forward to. Forward to what you're going to do next. Thanks. Appreciate it.

07:56:03 - 07:56:12

Less than two hours after President Trump narrowly escaped assassination, Callie Means called me on

07:56:12 - 07:56:17

my cell phone. I was in it night last Las Vegas. I was delighted when Callie told me that day that

07:56:17 - 07:56:24

he had also been advising President Trump. He told me President Trump was anxious to talk to me

07:56:24 - 07:56:33

about chronic disease and other subjects and to explore avenues of cooperation. He asked if I would

07:56:33 - 07:56:39

take a call from the President. President Trump telephoned me a few minutes later, and I met with

07:56:39 - 07:56:46

him the following day. A few weeks later, I met again with President Trump and his family members

07:56:46 - 07:56:54

and close advisors in Florida in a series of long, intense discussions. I was surprised to discover

07:56:55 - 07:57:03

that we are aligned on many key issues. I feel a moral obligation to use this opportunity to save

07:57:03 - 07:57:11

millions of American children, above all things. In the year 2000, the autism rate was 1 in 1500.

07:57:13 - 07:57:20

Now, autism rates in kids are 1 in 36, according to CDC nationally. Nobody's talking about this. One

07:57:20 - 07:57:32

in every 22 kids in California has autism. And this is a crisis that 77% of our kids can are too

07:57:32 - 07:57:39

disabled to serve in the United States military. What is happening to our country and why isn't this

07:57:39 - 07:57:46

in the headlines every single day? There's nobody else in the world that is experiencing this. This

07:57:46 - 07:57:48

is only happening In America,

07:57:49 - 07:57:58

about 18%. And by the way, you know the, there has been no change in diagnosis, which the industry

07:57:58 - 07:58:06

sometimes like to say. There has been no change in screening. This is a change in incidence. In my

07:58:06 - 07:58:09

generation, 70 year old men,

07:58:11 - 07:58:19

the odds and rates are about 1 in 10,000 and my kids, generation, 1 in 34, I'll repeat in

07:58:19 - 07:58:25

California, 1 in 22. Why are we letting this happen? Why are we allowing this to happen to our

07:58:25 - 07:58:32

children? Children, these are the most precious assets that we have in this country. How can we let

07:58:32 - 07:58:38

this happen to them? These agencies, the fda, USDA and cdc, all of them are controlled by giant for

07:58:38 - 07:58:46

profit corporations. 75% of the FDA's funding doesn't come from taxpayer, it comes from pharma. And

07:58:46 - 07:58:51

pharma executives and consultants and lobbyists cycle in and out of these agencies with President

07:58:51 - 07:58:57

Trump's backing. I'm going to change that. We're going to staff these agencies with honest

07:58:57 - 07:59:05

scientists and doctors who are free from industry funding. We're going to make sure the decisions of

07:59:05 - 07:59:12

consumers, doctors and patients are informed by unbiased science. A sick child is the best thing for

07:59:12 - 07:59:17

the pharmaceutical industry. When American children or adults get sick with a chronic tidal

07:59:17 - 07:59:25

condition, they're put on medication for their entire life. I got involved with chronic disease 20

07:59:25 - 07:59:32

years ago, not because I chose to or wanted to. It was essentially thrust upon me. It was an issue

07:59:32 - 07:59:37

that should have been central to the environmental movement. I was a central leader at that time,

07:59:38 - 07:59:43

but it was widely ignored by all the institutions, including the NGOs who should have been and

07:59:43 - 07:59:51

protecting our kids against toxins. It was an orphaned issue and I had a weakness for orphans. I

07:59:51 - 07:59:57

watched generations of children get sicker and sicker. I had 11 siblings and I had seven kids

07:59:57 - 08:00:02

myself. I was conscious of what was happening in their classrooms and to their friends. And I

08:00:02 - 08:00:09

watched these sick kids, these damaged kids in that generation, almost all of them are just damaged.

08:00:10 - 08:00:19

And nobody in power seemed to care or to even notice. For 19 years I prayed every morning that God

08:00:19 - 08:00:27

would put me in a position to end this calamity. The chronic disease crisis was one of the primary

08:00:27 - 08:00:33

reasons for my running for President. It's the reason I've made the heart wrenching decision to

08:00:33 - 08:00:40

suspend my campaign and to support President Trump. If I'm given the chance to fix the chronic

08:00:40 - 08:00:47

disease crisis and reform our food production. I promise that within two years, we will watch

08:00:47 - 08:00:54

chronic disease burden lift dramatically. We will make Americans healthy again. Within four years,

08:00:54 - 08:01:01

America will be a healthy country. We will be stronger, more resilient, more optimistic and happier.

08:01:02 - 08:01:10

I won't fail in doing this. Ultimately, the future, however it happens, is in God's hands and in the

08:01:10 - 08:01:16

hands of the American voters and those of President Trump. If President Trump is elected and honors

08:01:16 - 08:01:23

his word, the vast burden of chronic disease that now demoralizes and bankrupts the country will

08:01:23 - 08:01:31

disappear. This is a spiritual journey for me. I reached my decision through deep prayer, through

08:01:31 - 08:01:39

hard nosed logic. And I asked myself, what choices must I make to maximize my chances to save

08:01:39 - 08:01:45

America's children and restore national health? I felt that if I refused this opportunity, I would

08:01:45 - 08:01:51

not be able to look myself in the mirror knowing that I could have saved lives of countless children

08:01:52 - 08:01:58

and reverse this country's chronic disease epidemic. President Trump has told me that he wants this

08:01:58 - 08:02:05

to be his legacy. I'm choosing to believe that this time he will follow through. Ultimately, the

08:02:05 - 08:02:06

only thing that will save our country

08:02:09 - 08:02:17

and our children is if we choose to love our kids more than we hate each other. The most unifying

08:02:17 - 08:02:26

theme for all Americans is that we all love our children. If we all unite around that issue now, we

08:02:26 - 08:02:33

can finally give them the protection, the health and the future that they deserve. Tonight, I'm very

08:02:33 - 08:02:41

pleased to welcome a man who has been an incredible champion for so many of these values that we all

08:02:41 - 08:02:46

share, and we've shared them for a long time. Robert F. Kennedy, Bobby Jr.

08:03:06 - 08:03:13

For the past 16 months, Bobby has run an extraordinary career campaign for President of the United

08:03:13 - 08:03:20

States. And I mean this sincerely. Had he been allowed to enter the Democrat primary, he would have

08:03:20 - 08:03:26

easily beaten Joe Biden. His candidacy has inspired millions and millions of Americans, raised

08:03:26 - 08:03:32

critical issues that have been too long ignored in this country, and brought together people from

08:03:32 - 08:03:38

across the political spectrum in a positive campaign grounded in the. The American values of his

08:03:38 - 08:03:46

father, Robert Kennedy, a great man, and his uncle, President John F. Kennedy.

08:03:49 - 08:03:56

And I know that they are looking down right now and they are very, very proud of Bobby. I'm proud of

08:03:56 - 08:04:03

Bobby. You want to know the truth? Soon after I was. I can't even believe I have to say this. Nearly

08:04:03 - 08:04:10

assassinated in Pennsylvania last month, Bobby called me to express his best wishes. He knows

08:04:10 - 08:04:17

firsthand the risks incurred by leaders who stand up to the corrupt political establishment. When

08:04:17 - 08:04:22

you stand up, you bring on some trouble for yourself. But you have to do what's right. You have to

08:04:22 - 08:04:27

do what's right for the country. I will tell you, we are both in this to do what's right for the

08:04:27 - 08:04:33

country. And I always also want to salute Bobby's decades of work as an advocate for the health of

08:04:33 - 08:04:39

our families and our children. Nobody's done more. That's why today I'm repeating my pledge to

08:04:39 - 08:04:46

establish a panel of top experts working with Bobby to investigate what is causing the decades long

08:04:46 - 08:04:50

increase in chronic health problems and childhood diseases,

08:04:52 - 08:05:00

including autoimmune disease disorders, autism, obesity, infertility and many more. We want every

08:05:00 - 08:05:07

child in America to grow up and to live a long and healthy life. We talked about not about the

08:05:07 - 08:05:15

things that separate us because we don't agree on everything, but on the values and the issues that

08:05:16 - 08:05:22

bind us together. And one of the issues that he talked about was having safe food and ending the

08:05:22 - 08:05:24

chronic disease epidemic.

08:05:34 - 08:05:41

Our children are now the unhealthiest, sickest children in the world. Don't you want healthy

08:05:41 - 08:05:41

children

08:05:44 - 08:05:48

and don't you want the chemicals out of our food

08:05:50 - 08:05:55

and don't you want the regulatory agencies to be free from corporate corruption?

08:05:59 - 08:06:06

And that's what President Trump told me that he wanted. And I want to ask you again, don't you want

08:06:06 - 08:06:08

a safe environment for your children?

08:06:14 - 08:06:19

Don't you want to know that the food that you're feeding them is not filled with chemicals that are

08:06:19 - 08:06:21

going to give them cancer and chronic disease?

08:06:26 - 08:06:32

And don't you want a president that's going to make America healthy again? That Donald Trump will

08:06:32 - 08:06:36

become the 47th president of the United States States.

08:06:40 - 08:06:46

It is now official. CNN projects that Donald Trump has been elected president, defeating Vice

08:06:46 - 08:06:52

President Kamala Harris and making a political comeback unlike any in modern American politics. Mr.

08:06:52 - 08:06:59

Trump is only the second former president in US history to be reelected to the White House. NBC News

08:06:59 - 08:07:04

can now project that Donald Trump has won the state of Wisconsin, which means he is the winner of

08:07:04 - 08:07:10

this race and will return to the White House as this country's 47th president. Real honor for me to

08:07:10 - 08:07:16

introduce Robert F. Kennedy, Jr. Take the oath of office and officially become our Secretary of

08:07:16 - 08:07:23

Health and Human Services. Just as I promised last year, Bobby is going to lead a great national

08:07:23 - 08:07:29

mission to make America healthy again. And he's going to do it. I think he's going to do things that

08:07:30 - 08:07:36

will really make us very proud of this day because he's a fierce advocate for the health of our

08:07:36 - 08:07:42

children and for the values of free speech, democracy and peace. And people are going to be very

08:07:42 - 08:07:47

impressed. I have no doubt. I've known him a long time. He's been a friend of mine a long time.

08:07:47 - 08:07:52

Perhaps most importantly, though, Bobby created a nationwide movement made up of millions and

08:07:52 - 08:07:58

millions of. Of mothers and fathers and young people and concerned citizens of every background who

08:07:58 - 08:08:06

want to end in this horrible chronic disease crisis that exists in America. There's no better person

08:08:06 - 08:08:14

to lead our campaign of historic reforms and restore faith in American health care. Bobby's going to

08:08:14 - 08:08:19

do it. The United States spends more money in health than any other country on earth. But we're

08:08:19 - 08:08:24

growing sicker every year. We're not as healthy as countries that spend just a fraction of what we

08:08:24 - 08:08:29

spend. So there's something wrong. Something is wrong. And that's why immediately after Bobby has

08:08:29 - 08:08:34

sworn in, I will be signing an executive order establishing the President's Commission to make

08:08:34 - 08:08:40

America Healthy Again. We have some great people on that commission chaired by our new secretary.

08:08:40 - 08:08:47

This groundbreaking commission will be charged with investigating what is causing the decades long

08:08:47 - 08:08:53

increase in chronic illness, reporting its findings, and delivering an action plan to the American

08:08:53 - 08:08:58

people. And it's going to be a plan that people are really waiting to hear. I am Robert F. Kennedy,

08:08:58 - 08:09:05

Jr. Who solemnly swear. Do solemnly swear that I will support and defend. That I will support and

08:09:05 - 08:09:05

defend

08:09:07 - 08:09:13

the Constitution of the United States against all enemies. Against all enemies. Foreign and

08:09:13 - 08:09:22

domestic. Foreign and domestic. For 20 years, I've gotten up every morning on my knees and prayed

08:09:22 - 08:09:27

that God would put me in a position where I can end the childhood chronic disease epidemic in this

08:09:27 - 08:09:37

country. On August 23rd of last year, God sent me President Trump. He's out given me. He's kept

08:09:37 - 08:09:44

every promise that he's made to me. He's kept his word in every account and gone way beyond it. I'm

08:09:44 - 08:09:50

so grateful to you, Mr. President. A lot of people told me that I couldn't trust President Trump. I

08:09:50 - 08:09:55

better get it in writing. And we did a handshake. And everything that he told me he was going to do,

08:09:55 - 08:10:03

he has done. President Trump has promised to restore the American dream. In this country, a healthy

08:10:03 - 08:10:11

person has a thousand dreams. A sick person only has one. 60% of our population has only one dream.

08:10:11 - 08:10:18

If they get better. President Trump has promised that he's going to restore America's strength. But

08:10:18 - 08:10:26

we can't be a strong nation if we have a weak citizenry. If people are sick. Ask you about RFK Jr.

08:10:26 - 08:10:33

He has obviously, obviously talked about his skepticism of vaccines. He's expressed opposition to

08:10:33 - 08:10:38

childhood vaccines. Do you want to see Childhood vaccines eliminated if they're dangerous for the

08:10:38 - 08:10:44

children. Look, so possibly when you look at some of the problems, when you look at what's going on

08:10:44 - 08:10:50

with disease and sickness in our country, something's wrong. Are you talking about autism? Well, if

08:10:50 - 08:10:56

you take a look at autism, go back 25 years, autism was almost non existent. It was, you know, one

08:10:56 - 08:11:04

out of 100,000 and now it's close to one out of 100. Well, I mean, what, what's happening if they

08:11:04 - 08:11:09

can find it now? I did something the other night that was a little unusual at Mar a Lago. I called

08:11:09 - 08:11:16

the drug companies, the top drug companies, and I called RFK Jr and Dr. Oz and some of his people

08:11:17 - 08:11:22

and I said, let's all get together and let's figure out where we're going because we're going to do

08:11:22 - 08:11:28

a of lot, lot of things. We met and we met for a long time and we talked about pricing and we talked

08:11:28 - 08:11:33

about vaccines. You know, in terms of what happens. We talked about pesticides, we talked about

08:11:33 - 08:11:39

everything. And I think a lot of good things are going to come from him. When you look at the

08:11:39 - 08:11:46

numbers, we really don't have a very healthy country, sir. Going back 25 years, studies show that

08:11:46 - 08:11:51

there is no link between vaccine and autism. And yet it sounds like you are open to the possibility

08:11:52 - 08:11:57

of him looking at getting rid of them. I think somebody has to find out. If you go back 25 years

08:11:57 - 08:12:02

ago, you had very little autism. I'm not against vaccines. The polio vaccine is the greatest thing.

08:12:02 - 08:12:06

If somebody told me, get rid of the folio vaccine, they're going to have to work real hard to

08:12:06 - 08:12:15

convince me. I think vaccines are certain vaccines are incredible, but maybe some aren't. And if

08:12:15 - 08:12:23

they aren't, we have to find. Mr. President, we're doing, we are working at HHS to advance, to make

08:12:23 - 08:12:30

America healthy again. We have now, the autism rates have gone from now most recent numbers we think

08:12:30 - 08:12:32

are going to be about 1 in 31.

08:12:34 - 08:12:35

So they're going up again

08:12:37 - 08:12:46

from 1 in 10,000 when I was a kid. And we are going at your direction. We are going to know by

08:12:46 - 08:12:48

September. We've launched a massive

08:12:49 - 08:12:57

testing and research effort that's going to involve hundreds of scientists from around the world. By

08:12:57 - 08:13:02

September, we will know what has caused the autism epidemic and we'll be able to eliminate those

08:13:02 - 08:13:07

exposures. Think of that. So it was 1 in 10

08:13:08 - 08:13:19

had autism and now it's 1 in 31, not 31,000. 31. That is a, that's a horrible statistic. Isn't it?

08:13:20 - 08:13:24

And there's got to be something artificial out there that's doing this. So you think you're going to

08:13:24 - 08:13:29

have a pretty good idea, huh? We will not. By September, there will be no bigger news conference

08:13:29 - 08:13:36

than that. So that's it. If you can come up with that, that answer where you stop taking something,

08:13:36 - 08:13:42

you stop eating something, or maybe it's a shot, but something's causing it. It can't be. It can't

08:13:42 - 08:13:49

be from 10,002. Can you imagine that? Margaret? That's a big, that's a big number. Thank you very

08:13:49 - 08:13:55

much. You're doing great. Thank you, Bobby. Robert F. Kennedy Jr. S controversial new comments on

08:13:55 - 08:14:01

autism. At his first news conference as health secretary, Kennedy addressed the CDC's latest report

08:14:01 - 08:14:07

on the rising number of children being diagnosed with autism. And Thompson has the latest some of

08:14:07 - 08:14:13

the key numbers. Speaking for nearly 30 minutes, the nation's top health official, Robert F. Kennedy

08:14:13 - 08:14:20

Jr. Taking aim at the CDC's latest report on rising autism rates. This is a preventable disease. We

08:14:20 - 08:14:26

know it's an environmental exposure. The report released Tuesday says 1 in 318 year olds were

08:14:26 - 08:14:36

identified with Autism Spectrum Disorder in 2020, up from 1 in 36 in 2020. RFK Jr. Discounting the

08:14:36 - 08:14:43

CDC's own previous finding that genetic predisposition is a risk factor in developing autism and

08:14:43 - 08:14:49

doubling down on his assertion that it's an epidemic. Genes do not cause epidemics. You need an

08:14:49 - 08:14:57

environmental toxin. Dr. Zach Warren is one of the authors of the CDC report. We have data that a

08:14:57 - 08:15:04

certain percentage of some types of autism can be clearly explained by genetic differences. We have

08:15:04 - 08:15:11

other evidence suggesting that actually it's the complex interplay of environmental factors. RFK

08:15:11 - 08:15:18

jr's bleak description of people living with autism causing outrage. Autism destroys families. These

08:15:18 - 08:15:27

are kids who will never pay taxes, they'll never hold a job, they'll never play baseball, they'll

08:15:27 - 08:15:35

never write a poem, they'll never go out on a date. And we have to recognize we are doing this to

08:15:35 - 08:15:42

our children and we need to put an end to it. It is demeaning, it is dehumanizing, and it is flat

08:15:42 - 08:15:49

out wrong. Sam Branson has a PhD in physics and is an autism researcher. He and his seven year old

08:15:50 - 08:15:56

son both have autism. I think a lot of autistic people have quite a bit to contribute to the world.

08:15:56 - 08:16:02

Kennedy says he plans to provide more autism data in real time, adding that he'll direct resources

08:16:02 - 08:16:08

to studying environmental factors, exposures and external factors. And that's where we're going to

08:16:08 - 08:16:09

find the answer.

08:16:17 - 08:16:24

On April 16, 2025, Health and Human Services Secretary Robert F. Kennedy Jr. Held a press

08:16:24 - 08:16:31

conference. He shared updates on his goals for autism research. However, many of the remarks Kennedy

08:16:31 - 08:16:38

made during his speech have received intense backlash and criticism. The truth is, much of that

08:16:38 - 08:16:43

criticism came from a deep misunderstanding of from the public and even from people in positions of

08:16:43 - 08:16:51

authority. A misunderstanding about the full range of autism spectrum disorder, its symptoms, and

08:16:51 - 08:16:59

what life really looks like for families affected by what is termed severe or profound autism. Let's

08:16:59 - 08:17:08

be clear, autism is a spectrum, which means the severity can vary dramatically. Let's Level one is

08:17:08 - 08:17:15

requiring support. This is often referred to as high functioning autism. Level two is requiring

08:17:16 - 08:17:24

substantial support and level three is requiring very substantial support. This is where we see

08:17:24 - 08:17:33

severe or profound autism. This group makes up roughly 25% of the autism population. These are the

08:17:33 - 08:17:40

individuals Secretary Kennedy was talking about. 25% of the kids who are diagnosed with autism are

08:17:40 - 08:17:48

non verbal, non toilet trained and have other stereotypical features head banging, stimming, toe

08:17:48 - 08:17:55

walking, etc. Autism destroys families. These are children who should not be suffering like this.

08:17:56 - 08:18:02

Even though Kennedy was very specific saying he was referring to the 25%, many of whom are

08:18:02 - 08:18:09

non verbal, a number of people with high functioning autism, articulate verbal individuals took to

08:18:09 - 08:18:15

social media and the news to say they weren't impacted in the way Kennedy described. But the fact is

08:18:16 - 08:18:22

they weren't the ones he was talking about. People in the autism community wholeheartedly disagree

08:18:22 - 08:18:30

with what he has to say. She is autistic and runs her own business. I certainly pay taxes. Autism is

08:18:30 - 08:18:36

not a tragedy at all. Life as an autistic person is good. I am a fully functional, productive member

08:18:36 - 08:18:42

of society. I am autistic and my life is not a tragedy. To generalize and say none of us can work,

08:18:42 - 08:18:49

date or contribute to society is completely false. I have a job. Kennedy was speaking about a very

08:18:49 - 08:18:56

specific, specific group. People living with not only severe cognitive challenges, but also physical

08:18:56 - 08:19:02

disabilities and serious medical conditions that are clinically associated with severe autism. Yet

08:19:02 - 08:19:09

critics accused him of lying, of insulting the autism community. Some even went so far as to say his

08:19:09 - 08:19:15

stance was eugenic. It's not something gone wrong. It's just different wiring in the brain. It's

08:19:15 - 08:19:19

another bug, a different operating system. There are people who say autism isn't even necessarily a

08:19:19 - 08:19:23

disability. Many of them will never use a toilet unassisted

08:19:26 - 08:19:36

again. It's insane. Autism means people can't use the toilet. Stuff from rfk. Disgusting and

08:19:36 - 08:19:40

embarrassing. Autism doesn't destroy families. It does not destroy families.

08:19:44 - 08:19:51

RFK Jr. Is advocating for eugenics, eugenics, eugenics, eugenics of eugenics. And this rhetoric is,

08:19:51 - 08:19:58

frankly eugenic. These reactions effectively deny the existence of an entire group of people, along

08:19:58 - 08:20:05

with the intense challenges and conditions they face every single day. Some of the most common and

08:20:05 - 08:20:11

clinically recognized comorbid conditions that often accompany severe autism are epilepsy and

08:20:11 - 08:20:18

seizures, gastrointestinal disorders, including dysbiosis, chronic constipation or diarrhea, sleep

08:20:18 - 08:20:26

disorders, severe food intolerance, allergies, autoimmune disorders, chronic infections, impaired

08:20:26 - 08:20:34

immune response, mitochondrial dysfunction, metabolic disorders. Additionally, studies have also

08:20:34 - 08:20:40

also shown that individuals with autism often have heightened neuroinflammation. And what many

08:20:40 - 08:20:47

people are unaware of is that some of these medical conditions and even environmental exposures can

08:20:47 - 08:20:53

in fact cause neuroinflammatory conditions that lead to the very cognitive and behavioral symptoms

08:20:53 - 08:21:01

we label as autism. To families of those with severe autism, this is not unknown. They have no

08:21:01 - 08:21:07

choice but to understand the complexity of this condition. They live it every single day. Here's

08:21:07 - 08:21:12

just a glimpse of what life is like for someone with level three severe autism.

08:21:15 - 08:21:21

Okay, okay, just stay here. So Devin has autism. He got the diagnosis of autism. Was diagnosed with

08:21:22 - 08:21:28

autism. I'm the mother of a 28 year old person, profoundly autistic boy. He would stiffen up with

08:21:28 - 08:21:34

severe pain from his gut and would pass out in my arms and would never sleep. I get two or three

08:21:34 - 08:21:39

hours at a time, probably average about two to three hours a night. I've been up for two nights

08:21:39 - 08:21:43

straight. Started running through the house screaming in the middle of the night, flapping his hands

08:21:43 - 08:21:50

and all like 10 to 12 runny diarrhea stools a day. That when I would take them to doctors, they

08:21:50 - 08:21:56

would say, well, that's just all autism, chronic diarrhea, diarrhea, maybe 15 to 20 bowel movements

08:21:56 - 08:22:03

a day. I'm having to change his pants every 30 minutes. For the most part he's. I've changed him

08:22:03 - 08:22:14

five times since we've been waiting. He wears diapers. He uses a pacifier. I now have an adult child

08:22:15 - 08:22:16

in diapers.

08:22:18 - 08:22:22

You hear that noise in the background? He just defecated in the garage.

08:22:25 - 08:22:30

A box of diapers a day is non verbal.

08:22:32 - 08:22:39

Elvis stopped talking. No speech, no academic skills, can only understand a few words. He's not

08:22:39 - 08:22:44

walking, he's not talking, he's not cruising. He can't pull luck. He stands on the knuckles of his

08:22:44 - 08:22:51

toes. Lauren cannot even verbalize her wants or her Names anymore.

08:22:56 - 08:23:10

You want to sing? Yeah. I love you. A bushel, bushel and a peck bushel and a pack and a hug around

08:23:10 - 08:23:16

my neck. He started stimming, doing self stimulating behaviors.

08:23:33 - 08:23:41

I'm on him like this pretty much all the time. He can't stop moving most days. He's into everything.

08:23:41 - 08:23:50

We can't go anywhere. We couldn't go anywhere because anything was such a sensory assault to him. To

08:23:50 - 08:23:52

travel to grandma's two hours away.

08:23:58 - 08:24:04

It was just a hideous nightmare. Nightmare where, you know, we eventually just quit doing it. The

08:24:04 - 08:24:09

constant head banging. All he wanted to do was go in his room and sit on his bed and bang his head

08:24:09 - 08:24:14

against the wall. Is he gonna strip all his clothes off and go sit on the front porch at 4 in the

08:24:14 - 08:24:20

morning? Which he has done. We have with this one. Pandas. What some people refers to enrage. He

08:24:20 - 08:24:28

will hurt himself. He split his head. He has extreme rages where I think he's in some kind of a

08:24:28 - 08:24:31

pain. He hits himself in the face.

08:24:36 - 08:24:47

He's punched kick holes and walls, thrown things, lamps, TVs. Wow. Okay. He's flipping things right

08:24:47 - 08:24:54

now. So this is the love seat. We just bought these. Oh, and there's our recliner right there.

08:25:05 - 08:25:09

The only thing I can do is cry with him and just put pillows all around so he wouldn't injure

08:25:09 - 08:25:14

himself because he was just violently rolling, screaming, arching his back. Literally arching his

08:25:14 - 08:25:20

back so hard that only his head and not. And his heels touch the floor.

08:25:22 - 08:25:22

What's up?

08:25:24 - 08:25:35

Uh oh. Stop, stop, stop, stop, stop, stop, stop, stop, stop, stop, stop, stop. Seeing somebody, this

08:25:35 - 08:25:41

isn't normal. This is something that happened to them. The reality is, is that

08:25:43 - 08:25:49

it ruined my marriage. My older son won't speak to me because I didn't put him in a home. There's a

08:25:49 - 08:25:59

lot of needs. He requires one on one attention at all times. These kids don't have opportunities to

08:25:59 - 08:26:06

do anything that even any other disability group would be able to do. And it's just, it's just

08:26:06 - 08:26:13

heartbreaking to know that not only are we trapped in our house, but Brandon is trapped in this

08:26:13 - 08:26:20

house. He has seizures. He's almost died on me several times. He had such a horrible bout of falls

08:26:20 - 08:26:27

from the seizures. Almost lost him from seizures. We do not wake him up. Every time that we have

08:26:27 - 08:26:35

purposely done that to try to be somewhere he's had a seizure. If he's face down in his bed when he

08:26:35 - 08:26:43

has a seizure and he suffocates to death, you know, to live your life with those thoughts every

08:26:43 - 08:26:50

Single day, he started having seizures. Tonic, clonic, big ones. I do not want him ending up in

08:26:50 - 08:26:58

state care. I do not want him ended up in some institution. The first stop in the warning I have is

08:26:58 - 08:27:04

what's going to happen to my son when I die. And the last thing I think about before I fall into

08:27:04 - 08:27:11

sleep, if I do get to sleep, is what's going to happen to that. You hear these people, you know,

08:27:12 - 08:27:19

looking forward to going to heaven. It's like, no, I want to outlive my son. Do you know? Do you

08:27:19 - 08:27:25

know what that feels like to think it, let alone say it out loud, that you want to outlaw? Live your

08:27:25 - 08:27:35

child. It destroyed our lives. And my son's life has become being a big baby who lives in a dark

08:27:35 - 08:27:45

room. And that's his life. I would do this until I die. That's my life, you know, my career as a

08:27:45 - 08:27:46

writer.

08:27:48 - 08:27:51

It's on a shelf. My life is a woman. Woman

08:27:52 - 08:27:59

is on the shelf. My life is a person is on a shelf. This is the other side of autism that most

08:27:59 - 08:28:06

people never see. Many individuals with profound autism are so neurologically or physically impaired

08:28:06 - 08:28:12

that they rarely, if ever, appear in public. But just because you don't see them doesn't mean they

08:28:12 - 08:28:19

don't exist. Just because their struggles go unseen doesn't mean they aren't real. They are real.

08:28:20 - 08:28:25

They do exist. And Secretary Kennedy is one of the few public figures willing to acknowledge this

08:28:25 - 08:28:32

truth. He recognizes that these individuals are living with conditions that are not normal and that

08:28:32 - 08:28:39

extend well beyond neurodiversity. And if there's even a possibility that external factors could be

08:28:39 - 08:28:45

contributing to these conditions, and if. If there's even a chance to prevent unnecessary suffering,

08:28:45 - 08:28:51

then surely we can all agree it's a moral imperative to support Secretary Kennedy and the research

08:28:51 - 08:28:53

that could change lives.

08:28:58 - 08:29:03

Hey, everybody, it's Robert F. Kennedy, Jr. And I am your Secretary for Health and Human Services.

08:29:04 - 08:29:09

In a statement last week, President Trump reiterated his personal commitment to the MAHA Commission

08:29:09 - 08:29:16

and emphasize our work on childhood conditions such as autism. Your long years of sacrifice are

08:29:16 - 08:29:23

finally bearing fruit. Your issue is no longer on the fringe. It is dead center and mission critical

08:29:23 - 08:29:31

for the new hhs. Five years ago, could you imagine that autism would be a top priority at hhs? Well,

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it is now. Our main focus right now is chronic disease, and our high, highest priority inside that

08:29:38 - 08:29:45

is childhood conditions. We at HHS will leave no stone unturned in investigating the causes of the

08:29:45 - 08:29:51

autism spectrum epidemic. And just as importantly, we will investigate treatments as well.

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Treatments to improve the quality of life. I promise you, no longer will you have to fight to be

08:29:57 - 08:30:03

heard. President Trump hears you. And as Secretary of Health and Human Services Services, I hear

08:30:03 - 08:30:09

you, too. And with your continued support, we're going to create a future where autism is once again

08:30:09 – 08:30:16

very rare, where families with autism are well supported, where people on the spectrum are valued

08:30:16 – 08:30:23

for the unique gifts they have to offer our society. May God bless you for all you do. Thank you

08:30:23 – 08:30:23

very much.
